

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 09, 2004
Secretary of State**

DOCUMENT# N98000007170

Entity Name: ACTIVE LEARNING ACADEMY, INC.

Current Principal Place of Business:

14503 S TAMiami TRAIL
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

14503 S TAMiami TRAIL
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 31-1634946 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, D
14503 S TAMiami TR
STE B
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'NEAL, L
Address: 14503 S TAMiami TR #B
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: THOMPSON, D
Address: 14503 S TAMiami TR #B
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: ERICKSON, E
Address: 14503 S TAMiami TRAIL #B
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Delete
Name: BARTCZAK, J
Address: 14503 S TAMiami TRAIL #B
City-St-Zip: NORTH PORT, FL 34287

Title: D (X) Delete
Name: BARTCZAK, L
Address: 14503 S TAMiami TRAIL #B
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: CORE CURRICULUM OF A, MERICA, INC.
Address: 14503 S TAMiami TRAIL #B
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: D THOMPSON

Electronic Signature of Signing Officer or Director

D

04/09/2004

Date