2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90189 028 ****61.25

DOCUMENT # N99000000897

1. Entity Name
GULLIVER SCHOOLS, INC.

Principal Place of Business	Mailing Address
1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146	1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146

01092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0900717 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATTS-FITZGERALD, ABIGAIL C/O HUNTON & WILLIAMS 1111 BRICKELL AVENUE, #2500 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST BARTEL, JEFFREY S 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERRITS, MICHAEL 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILMAN, MILES E 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nuñez, Emilio 1500 San Remo Avenue, PH-400 Coral Gables, FL 33146	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GETZ, SAMUEL 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kerdyk, Bill 1500 San Remo Avenue, PH-400 Coral Gables, FL 33146	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NIRSCHEL, ROY DR. 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WATTS-FITZGERALD, ABIGAIL 1500 SAN REMO AVENUE, PH-400 CORAL GABLES, FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose E Fuente Jose E. Fuente 01/09/07 (305) 666-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #