

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006405

FILED
Apr 27, 2005
Secretary of State

Entity Name: ADVENTURE LEARNING CENTRE, INC.

Current Principal Place of Business:

5386 NW 60TH DR
CORAL GABLES, FL 33067

New Principal Place of Business:

5386 NW 60TH DR
CORAL SPRINGS, FL 33067

Current Mailing Address:

3200 N. MILITARY TR., STE. 201
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 31-1704954 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GREBE, RANDY
5386 N.W 60 DR.
CORAL SPRINGS, FL 33067 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: DP () Delete
Name: GREBE, RANDY
Address: 5386 NW 60TH DR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D () Delete
Name: CAMPBELL, JAMES
Address: 541 BURNT EMBER LN.
City-St-Zip: BUFFALO GROVE, IL 60089

Title: DT () Delete
Name: TISSOT, SAM
Address: 3440 ACADEMY DR.
City-St-Zip: WINDSOR, ON CANADA, N9E 4B2

Title: D () Delete
Name: CASE, BRUCE
Address: 10314 DENOEV RD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D () Delete
Name: NAKHLA, ALFRED
Address: 714 BURNS ST
City-St-Zip: WAUSAU, WI 5401

Title: DVP () Delete
Name: FARQUHARSON, CEDRIC
Address: P.O. BOX N-4623
City-St-Zip: NASSAU, BAHAMAS,

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
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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: RANDY GREBE

PRES

04/27/2005

Electronic Signature of Signing Officer or Director

Date