

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90028 011 \*\*\*\*61.25

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|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # N99000006405</b><br>1. Entity Name<br><b>ADVENTURE LEARNING CENTRE, INC.</b>  |  |   |   |
| Principal Place of Business<br><b>5386 NW 60TH DR<br/>CORAL SPRINGS, FL 33067</b>   |  | Mailing Address<br><b>3200 N. MILITARY TR., STE. 201<br/>BOCA RATON, FL 33431</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><b>2401 W. Cypress Creek Rd</b><br>Suite, Apt. #, etc.  |   |
| City & State<br><b>City: Ft. Lauderdale, FL</b>   |  | 4. FEI Number<br><b>31-1704954</b>  |   |
| Zip<br><b>33309</b>   |  | Country<br><b>U.S.A.</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b><br><b>GREBE, RANDY<br/>5386 N.W 60 DR.<br/>CORAL SPRINGS, FL 33067</b>   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                         |   |
| <b>Make check payable to Florida Department of State</b>  |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DP<br>GREBE, RANDY<br>5386 NW 60TH DR<br>CORAL SPRINGS, FL 33067       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete<br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>CAMPBELL, JAMES<br>541 BURNT EMBER LN.<br>BUFFALO GROVE, IL 60089 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete<br><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DT<br>TISSOT, SAM<br>3440 ACADEMY DR.<br>WINDSOR, ON CANADA, N9E 4B2   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input checked="" type="checkbox"/> Delete<br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>CASE, BRUCE<br>10314 DENOEV RD<br>BOYNTON BEACH, FL 33437         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete<br><br><input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>NAKHLA, ALFRED<br>714 BURNS ST<br>WAUSAU, WI 5401                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete<br><br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DVP<br>FARQUHARSON, CEDRIC<br>P.O. BOX N-4623<br>NASSAU, BAHAMAS.      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete<br><br><input type="checkbox"/> Change <input type="checkbox"/> 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. |  |   |   |
| <b>SIGNATURE:</b> <i>Randy Grebe</i>  |  | Date <b>5/1/07</b> Daytime Phone # <b>954-315-4351</b>  |   |



ATTACHMENT

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ADVENTURE

learning centre

& CAMP

May 1, 2007

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: 2007 Not-For-Profit Corporation  
Annual Report  
Document # N99000006405  
Adventure Learning Centre, Inc.

Dear Sir or Madam:

The following is a list of the Additional Board of Directors/Officers for the Adventure Learning Centre, Inc. Document # N99000006405.

Title: S  
Name: Wood, Geoffrey  
Street Address: P.O. Box N-4141  
City-ST-Zip: Nassau, Bahamas

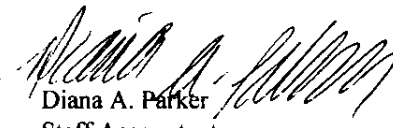
Title: D  
Name: Davis, Mark  
Street Address: 1461 NE 56<sup>th</sup> Court  
City-ST-Zip: Fort Lauderdale, FL 33334

Title: D  
Name: Lowe, Chet  
Street Address: P.O. Box SB-50066  
City-ST-Zip: Nassau, Bahamas

Title: D  
Name: Tchividjian, Stephan  
Street Address: 2700 NE 6<sup>th</sup> Street  
City-ST-Zip: Pompano Beach, FL 33062

Title: D  
Name: Lyon, Kelly  
Street Address: 4288 NW 41<sup>st</sup> Lane  
City-ST-Zip: Coconut Creek, FL 33073

Thank you for your attention to this matter. Should you have any questions I can be reached at 954-315-4388.

  
Diana A. Parker  
Staff Accountant

WWW.ALCBAHAMAS.ORG

BAHAMAS ADDRESS  
Adventure Learning Centre  
P.O. Box SB-50066  
Nassau, NP Bahamas  
Phone: (242) 361-2120  
Fax: (242) 341-6949

FLS ADDRESS  
Adventure Learning Centre  
P.O. Box 936548  
Margate, FL 33093-6548  
Phone: (954) 315-4351  
Fax: (954) 755-4661