


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90176 023 \*\*\*\*61.25

<b>DOCUMENT # N99000006405</b>		
1. Entity Name ADVENTURE LEARNING CENTRE, INC.		

Principal Place of Business 5386 NW 60TH DR CORAL SPRINGS, FL 33067	Mailing Address 2401 W. CYPRESS CREEK RD. FORT LAUDERDALE, FL 33309
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**60033054**



2. Principal Place of Business - No P.O. Box # <b>2401 W. Cypress Ck Rd</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04272008 Chg-NP CR2E037 (12/06)

City & State <b>Ft. Lauderdale, FL</b>		City & State	
Zip <b>33309</b>	Country <b>USA</b>	Zip	Country

4. FEI Number <b>31-1704954</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
GREBE, RANDY 5386 N.W 60 DR. CORAL SPRINGS, FL 33067	

7. Name and Address of New Registered Agent	
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 <i>Randy Grebe</i>	DATE <b>4-28-08</b>
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$61.25 Due by May 1, 2008</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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREBE, RANDY 5386 NW 60TH DR CORAL SPRINGS, FL 33067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CAMPBELL, JAMES 541 BURNT EMBER LANE BUFFALO GROVE, IL 60089 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASE, BRUCE 10314 DENOEV RD BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NAKHLA, ALFRED 714 BURNS ST WAUSAU, WI 5401 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FARQUHARSON, CEDRIC P.O. BOX N-4623 NASSAU, BAHAMAS, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Continued on attached page</i> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Grebe, Randy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Campbell, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Continued on attached page</i> <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.	
SIGNATURE: <i>Randy Grebe</i>	DATE: <b>4-28-08</b> DAYTIME PHONE: <b>954-315-4336</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

May 1, 2008

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


RE: 2008 Not-For-Profit Corporation  
Annual Report  
Document # N99000006405  
Adventure Learning Centre, Inc.

Dear Sir or Madame:

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES
Title: S Name: Wood, Geoffrey Street Address: P.O. Box N-4141 City-ST-Zip: Nassau, Bahamas	DELETE S-Wood, Geoffrey
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: S Name: Lowe, Chet Street Address: 2401 W. Cypress Ck Road City-ST-Zip: Ft Lauderdale, FL 33309
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	DELETE D-Lyon, Kelly

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

60033054



WWW.ALCBAHAMAS.ORG

Adventure Learning Centre  
P.O. Box SB-50066  
Nassau, NP Bahamas  
(242) 361-2120

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