2008 NOT-FOR-PROFIT CORPORATION

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

ANNUAL REPORT	
DOCUMENT # N9900006405	
1. Entity Name	LEAST V

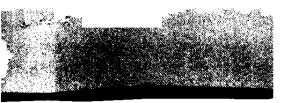
04-30-2008 90176 023 ****61.25 ADVENTURE LEARNING CENTRE, INC. Principal Place of Business Mailing Address 60033054 5386 NW 60TH DR 2401 W. CYPRESS CREEK RD. CORAL SPRINGS, FL 33067 FORT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 2401 W. Cypress Ck Rd 3. Mailing Address Same Suite, Apt. #, etc. Suite, Apt. #, etc. 04272008 Chg-NP CR2E037 (12/06) 4. FEI Number 31-1704954 City & State City & State Applied For Ft. Lauderdale, FL Not Applicable Zip 33309 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREBE, RANDY 5386 N.W 60 DR. Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS, FL 33067 Zip Code 8. The above name antity submit 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 SIGNATURE e of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP TITLE ☐ Delete TITLE ☐ Addition Thanne NAME GREBE, RANDY NAME Grebe, Randy 5386 NW 60TH DR STREET ADORESS STREET ADORESS CITY-ST-ZIP CORAL SPRINGS, FL 33067 CITY-ST-ZIP CD TITLE ☐ Delete Change Addition | TITLE NAME CAMPBELL, JAMES NAME Campbell, James STREET ADDRESS 541 BURNT EMBER LANE STREET ADDRESS CITY-ST-ZIP **BUFFALO GROVE, IL 60089** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition CASE, BRUCE NAME NAME STREET ADDRESS 10314 DENOEV RD STREET ADDRESS BOYNTON BEACH, FL 33437 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAKHLA, ALFRED NAME NAME 714 BURNS ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAUSAW, WI 5401 CITY-ST-ZIP TITLE DVP ☐ Delete TITLE ☐ Change ■ Addition FARQUHARSON, CEDRIC NAME NAME STREET ADDRESS P.O. BOX N-4623 STREET ADDRESS NASSAU, BAHAMAS, CITY-SI-71P CITY-ST-ZIP TITLE TITLE ☐ Addition Continued on attached page continued on attacked page. NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplindicated on this report or supplymental of the corporation or the receiver or tysichanged, or on an attachment within a fied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information report is true and accomple and that my signature shall have the same legal effect as if made under oath; that I am an officer or director tee empty-ered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



May 1, 2008

60033054



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:

Wood, Geoffrey

Street Address: City-ST-Zip:

P.O. Box N-4141 Nassau, Bahamas

Title: D

Name:

Name:

Davis, Mark

Street Address:

1461 NE 56th Court

City-ST-Zip:

Fort Lauderdale, FL 33334

Title: Name: D

Lowe, Chet

Street Address:

P.O Box SB-50066

City-ST-Zip:

Nassau, Bahamas

Title:

Name:

DELETE

S-Wood, Geoffrey

Lowe, Chet

S

Street Address:

2401 W. Cypress Ck Road

City-ST-Zip:

Ft Lauderdale, FL 33309

Title:

Name: Street Address:

Tchividjian, Stephan 2700 NE 6th Street

City-ST-Zip: Pompano Beach, FL 33062

Title:

DELETE

Name:

Lyon, Kelly

D-Lyon, Kelly

Street Address: City-ST-Zip:

4288 NW 41st Lane

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

Adventure Learning Centre P.O. Box 936548 Margate, FL 33093-6548 Phone: (954) 3154351 Fax: (954) 755-4661