2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P03000004025

Entity Name: THE NAVIGATOR LEARNING CENTER INC.

Current Principal Place of Business:

207 FLEMMING LANE
DAVENPORT, FL 33837

New Principal Place of Business:

607 CELEBRATION AVE
CELEBRATION, FL 34747

Current Mailing Address:

207 FLEMMING LANE
DAVENPORT, FL 33837

New Mailing Address:

607 CELEBRATION AVE
CELEBRATION, FL 34747

FEI Number: 11-3671366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEILSON, DR. ALTHA M
607 CELEBRATION AVE
CELEBRATION, FL 34747

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NEILSON, DR. ALTHA M
Address: 207 FLEMMING LANE
City-St-Zip: DAVENPORT, FL 33837

Title: V ( ) Delete
Name: LOISELLE, MS. TAMARA L
Address: 207 FLEMMING LANE
City-St-Zip: DAVENPORT, FL 33837

Title: S ( ) Delete
Name: NEILSON, MR. KENT R
Address: 207 FLEMMING LANE
City-St-Zip: DAVENPORT, FL 33837

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change ( ) Addition
Name: NEILSON, DR. ALTHA M
Address: 607 CELEBRATION AVE
City-St-Zip: CELEBRATION, FL 34747

Title: VDS (X) Change ( ) Addition
Name: LOISELLE, MS. TAMARA L
Address: 607 CELEBRATION AVE
City-St-Zip: CELEBRATION, FL 34747

Title: DT (X) Change ( ) Addition
Name: NEILSON, MR. KENT R
Address: 607 CELEBRATION AVE
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Change (X) Addition
Name: PAULSHOCK, CRAIG
Address: 611 FRONT STREET
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Change (X) Addition
Name: PAULSHOCK, AMY
Address: 611 FRONT STREET
City-St-Zip: CELEBRATION, FL 34747

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENT NEILSON DT 04/30/2004

Electronic Signature of Signing Officer or Director — Date