

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000030383

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** NEW ADVENTURES EARLY LEARNING CENTER, INC.

**Current Principal Place of Business:**

4500 W SAMPLE RD  
COCONUT CREEK, FL 33073 US

**New Principal Place of Business:**

**Current Mailing Address:**

10961 NW 69 PL  
PARKLAND, FL 33076

**New Mailing Address:**

**FEI Number:** 65-1178059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FILSAIME, LIONEL JR  
10961 NW 69 PL  
PARKLAND, FL 33076 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: P  
Name: FILSAIME, MARIA R  
Address: 10961 NW 69 PL  
City-St-Zip: PARKLAND, FL 33076 US

Title: V  
Name: FILSAIME, LIONEL JR.  
Address: 10961 NW 69 PL  
City-St-Zip: PARKLAND, FL 33076 US

I hereby 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 all other like empowered.

SIGNATURE: LIONEL FILSAIME

VP

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date