## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000067631

FILED Apr 23, 2004 Secretary of State

Entity Name: PROFESSIONAL LEARNING CENTERS (PLC) OF NAPLES, INC.

Current Pi	rincipal Place	of Business:	New Princ	New Principal Place of Business:	
230 COMMERCIAL BLVD. NAPLES, FL 341044761				230 COMMERCIAL BLVD. NAPLES, FL 341044761 US	
Current Mailing Address:			New Mailir	New Mailing Address:	
230 COMMERCIAL BLVD. NAPLES, FL 341044761					
El Number:	20-0050883	FEI Number Applied For ( ) FE	El Number Not Appli	cable ( ) Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
BREWSTER, HAROLD O 501 BEACHWALK CIR #L204 NAPLES, FL 341044761					
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, n the State of Florida.					
SIGNATURE:					
Electronic Signature of Registered Agent Date					
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: Dity-St-Zip:	PCEO () VARSAMES, JOI 8503 GLENEAG NAPLES, FL 34	LE WAY	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Fitle: Name: Address: Dity-St-Zip:	SV () BERLAM, ROBE 8993 LELY ISLA NAPLES, FL 34	ND CIRCLE	Title: Name: Address: City-St-Zip:	VS (X) Change ( ) Addition RONALD, LUEHMANN 8633 GLENEAGLE WAY NAPLES, FL 34120	
Fitle: Name: Address: Dity-St-Zip:	VT () BREWSTER, HA 601 BEACHWAL NAPLES, FL 34	K CIR. #L204	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	D () VARSAMES, JOI 8503 GLENEAG NAPLES, FL 34	LE WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	D () BERLAM, ROBE 8993 LELY ISLA NAPLES, FL 34	ND CIRCLE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition RONALD, LUEHMANN 8633 GLENEAGLE WAY NAPLES, FL 34120	
Fitle: Name: Address: Dity-St-Zip:	D () BREWSTER, HA 601 BEACHWAL NAPLES, FL 34	K CIR. #L204	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
hereby ce	rtify that the info	ormation supplied with this filing do	oes 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: HAOLD O. BREWSTER VT 04/23/2004