04/30/2004 10:08 513-451-1229 LEVERONE & ASSO

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90122 007 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000019513

1. Entity Name
YOUTHLAND ACADEMY OF BOYNTON BEACH, INC.

Principal Place of Business
1770 NE 4TH ST
BOYNTON BEACH, FL 33435 US

Mailing Address
110 MERCHANT STREET
CINCINNATI, OH 45246-3731 US

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

04302004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0581763 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAINO, SALVATOIRE
675 AUBURN AVE
DELRAY BEACH, FL 33344

7. Name and Address of New Registered Agent
Name: Mary J. Schmitt
Street Address (P.O. Box Number Is Not Acceptable): 663 Pelican Way
City: Delray Beach FL Zip Code: 33483

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: Mary J. Schmitt — DATE: 4-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PS NAME: SCHMITT, MARY STREET ADDRESS: 1290 GEORGE BUSH BLVD CITY-ST-ZIP: DELRAY BEACH, FL 33483	☐ Delete	TITLE: P, S, T, D NAME: STREET ADDRESS: 663 Pelican Way CITY-ST-ZIP:	☒ Change ☐ Addition
TITLE: VPT NAME: LAINO, SALVATOIRE STREET ADDRESS: 2386 SW 11TH AVE CITY-ST-ZIP: BOYNTON BEACH, FL 33426	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary J. Schmitt — 4-30-04 — 623-2029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #