

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90027 025 ***150.00

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1. Entity Name

THE AMERICAN LANGUAGE KOLLEGE, INC.



Principal Place of Business

2455 E. SUNRISE BLVD., STE 200
FT. LAUDERDALE, FL 33304

Mailing Address

2455 E. SUNRISE BLVD., STE 200
FT. LAUDERDALE, FL 33304

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0721082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVIN, DES
2455 E. SUNRISE BLVD., STE 200
FT. LAUDERDALE, FL 33304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 11

TITLE PD
NAME LEVIN, DES ☐ Delete
STREET ADDRESS 2455 E. SUNRISE BLVD., SUITE 200
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME BRUMLIK, DONALD J ☐ Delete
STREET ADDRESS 261 SHORE BREAKER DRIVE
CITY-ST-ZIP LAGUNA NIGUEL, CA 92677

TITLE SD ☒ Change ☐ Addition
NAME BRUMLIK, DONALD J.
STREET ADDRESS 609 CALLE JUAREZ
CITY-ST-ZIP SAN CLEMENTE, CA 92673

TITLE VP
NAME LLOYD, ANTHONY D ☒ Delete
STREET ADDRESS 2455 E SUNRISE DR #260
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DESPOND LEVIN

1/26/2007 954-565-8505

Date

Daytime Phone #