

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000052556

Entity Name: KOALA LEARNING CENTERS, INC.

FILED
Jan 19, 2005
Secretary of State

Current Principal Place of Business:

17741 SW 2ND ST
PEMBROKE PINES, FL 330293924 US

New Principal Place of Business:

Current Mailing Address:

17741 SW 2ND STREET
PEMBROKE PINES, FL 330293924 US

New Mailing Address:

FEI Number: 65-0761249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUSTIG, DAVID A
17741 SW 2ND STREET
HOLLYWOOD, FL 33029 US

Name and Address of New Registered Agent:

LUSTIG, DAVID A
17741 SW 2ND STREET
PEMBROKE PINES, FL 330293924 US

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: DAVID A. LUSTIG

01/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: LUSTIG, DAVID A.
Address: 17741 SW 2ND ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD () Delete
Name: KONDELL, JANIE T
Address: 17741 SW 2ND ST
City-St-Zip: PEMBROKE PINES, FL 38029

Title: SD () Delete
Name: KONDELL, MICHAEL
Address: 17741 SW 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: LUSTIG, DAVID A.
Address: 17741 SW 2ND ST
City-St-Zip: PEMBROKE PINES, FL 330293924

Title: VD (X) Change () Addition
Name: KONDELL, JANIE T
Address: 17741 SW 2ND ST
City-St-Zip: PEMBROKE PINES, FL 380293924

Title: SD (X) Change () Addition
Name: KONDELL, MICHAEL
Address: 17741 SW 2ND STREET
City-St-Zip: PEMBROKE PINES, FL 330293924

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: DAVID A. LUSTIG

PD

01/19/2005

Electronic Signature of Signing Officer or Director

Date