


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90187 011 ***150.00

DOCUMENT # P97000054569	
1. Entity Name ADVENTURE BAY EARLY LEARNING CENTER OF WESTON, INC.	

Principal Place of Business 16098 W. STATE RD 84 SUNRISE FL 33326	Mailing Address 4400 W SAMPLE RD SUITE 116 COCUNUT CREEK FL 33073
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 7900 N. University Dr. Suite 203
City & State Tamara, FL	City & State Tamara, FL
Zip 33321	Country USA



1st MOORE CR2E034 (10/06)

4. FEI Number 65-0765656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, LENORE S 4400 W SAMPLE RD SUITE 116 COCUNUT FL 33073	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7900 N. University Dr. Suite 203 City Tamara FL Zip Code 33321	

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, LENORE S 4400 W SAMPLE RD. SUITE 116 COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7900 N. UNIVERSITY DR. TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, PHILLIP 4400 W SAMPLE RD. SUITE 116 COCONUT CREEK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7900 N. University Dr Tamarac, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBERG, LAWRENCE 4400 W SAMPLE RD. SUITE 116 COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7900 N. University Dr. Tamarac, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBERG, JUDITH 4400 W SAMPLE RD. SUITE 116 COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7900 N. University Dr. Tamarac, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTH, DORIS 4400 W SAMPLE RD. SUITE 116 COCONUT CREEK FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7900 N. University Dr. Tamarac, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: Lenore S. Green President 4-17-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #