



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000054569 1. Entity Name ADVENTURE BAY EARLY LEARNING CENTER OF WESTON, INC.	
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Principal Place of Business 16098 W. STATE RD 84 SUNRISE, FL 33326	Mailing Address 7900 N. UNIVERSITY DR SUITE 203 TAMARAC, FL 33321
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DO NOT WRITE IN THIS SPACE

FILED
Jul 22, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

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
7900 N. UNIVERSITY DR
SUITE 203
TAMARAC, FL 33321**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

000000955677
07/22/08-80001-016 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, LENORE S 7900 N. UNIVERSITY DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, PHILLIP 7900 N. UNIVERSITY DR TAMARA, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBERG, LAWRENCE 7900 N. UNIVERSITY DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINBERG, JUDITH 7900 N. UNIVERSITY DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROTH, DORIS 7900 N. UNIVERSITY DR TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Lenore Green President 7-16-08 954-722-6377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #