2007-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P97000102520 1. Entity Name 04-26-2007 90189 038 ***150.00 ADVENTURE BAY PRESCHOOL-CHILD CARE CENTER OF PLANTATION, INC. Principal Place of Business Mailing Address 10141 CLEARY BLVD 4400 W SMPLE RD #116 400000 COCUNUT CREEK FL 33073 PLANTATION FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7900 N. University Du Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 65-0854274 City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, LENORE 4400 W SAMPLE ROAD SUITE 116 Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK FL 33063 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 ¢ applicable (NOTE Registered Adout signature required when reinstature) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Secretary Green Len TITLE Change TITLE ☐ Delete GREEN, LENORE NAME NAME 'N. University Prive#203 5648 N.W. 88TH TERRACE STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33067 CITY-ST-ZIP CITY ST ZIP Tamarac, ☐ Delete GREEN, PHILLIP NAME 5648 N.W. 88TH TERRACE University Drive \$203 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33067 CITY-SI-ZIP CITY-SE-7IP HILE ☐ Addition TITLE NAME GREEN, LENORE NAME 4400 W. SAMPLE RD STREET ADDRESS STREET ADDRESS COCONUT CREEK FL.33073 CITY ST-ZIE CITY SILZIN TITLE ☐ Delete HHE President ☐ Addition HYATT, CHERYL Hyett, Cheryl 7900 N. University Dr. #203 7AMARAC, F. 33321 NAME NAME 440 W. SAMPLE RD STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33073 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Addition GREEN, PHILLIP NAME NAME 4400 W SAMPLE RD STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33063 CITY - ST - 7IP CITY-ST-7IP TITLE Delete TATLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

FILED

Daytime Phone #