


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000102520 1. Entity Name ADVENTURE BAY PRESCHOOL-CHILD CARE CENTER OF PLANTATION, INC.	
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Principal Place of Business 10141 CLEARY BLVD PLANTATION, FL 33324	Mailing Address 7900 N. UNIVERSITY DR SUITE 203 TAMARAC, FL 33321 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GREEN, LENORE 7900 N. UNIVERSITY DRIVE SUITE 203 TAMARAC, FL 33321	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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	S GREEN, LENORE 7900 N. UNIVERSITY DRIVE #203 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN, PHILLIP 7900 N. UNIVERSITY DRIVE #203 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYATT, CHERYL 7900 N. UNIVERSITY DR. #203 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/28/08-80002-013 150.00

**DO NOT WRITE
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: <u>Lenore Green - President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>7-18-08</u>	Daytime Phone #: <u>954-222-6377</u>
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