CR2E034 (11/98)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90058 012 ***150.00

DOCUMENT # DOROGOS/1/28

1. Corpora	EARNING ACADEMY INC.	0004420					
Principal Place of Business Mailing Address							
1313 LAUREL DR N FT MYERS FL 33917		1313 LAUREL DR N FT MYERS FL 33917			DO NOT WRITE IN THIS SPACE		
					3. Date ir corporated or Qualifed 06/16/1998		
2. Principa Place of Business		2a. Mailing Address			4. FEI Number	 	ied For
21		26			65-0845383		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ac Fee Rec	
City & State		City & State	⊢ , ′		6. Election Campaign Financing Trust Fund Contribution	\$5.00 h Added ta	
Zip	Country 25	Zip 29	30	Country	This corporation owes the current year Personal Property Tax.		∃No
9. Name and Add ess of Current Registered Agent				10. Name and Address of New Registered Agent			
WALLACE, DONALD 200 SE 19TH TERR CAPE CORAL FL 33990			82 Street Add	Pan Borowick dress (P.O. Box Number is Not Acceptable) 6 Gleason Puky		ode 9/4	
l office	or registered agent, or both, in the Sta . I am familiar with, and accept the obli	te of Florida. Such change wa gations of, Section 607.0505,	s autho Florida	ne above-named corrized by the corpora	poration submits this statement for the purpose tion's board of cirectors. I hereby accept the ap	e of changing its repointment as reg	gistered
12.		ANE DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS		
TITLE		☐ DELETE		1.1 TITLE	P	☐ Change	X Addition

∍gistered stered S IN 12 X Addition Vicky Barowick 206 Gleason Puky Cape Caraly FL 33914 12 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ DELETE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE NAME 32 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 5.1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 61 TITLE Change □ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRES S 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or or an attachinent with an address, with a lother like empowered.

SIGNATURE:

Vicky Borowick 4/26199