2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2017
Secretary of State
CC9914420503

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Entity Name: EXPERIENCE LEARNING CENTER FOR MIDDLE AND HIGH SCHOOL, INC.

Current Principal Place of Business:

1549 NE 27TH STREET
WILTON MANORS, FL 33334

Current Mailing Address:

1549 NE 27TH STREET
WILTON MANORS, FL 33334 US

FEI Number: 46-2687908

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHRADER, PATRICK J
1549 NE 27TH STREET
WILTON MANORS, FL 33334 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	SECRETARY
Name	SCHRADER, PATRICK J	Name	SCHRADER, MARLENE M
Address	1549 NE 27TH STREET	Address	123 COURT STREET
City-State-Zip:	WILTON MANORS FL 33334	City-State-Zip:	NEW HAVEN IN 46774
Title	ASST. SECRETARY	Title	TREASURER
Name	BRENDA, WRIGHT J	Name	MESA, JULIO
Address	1229 ROSE AVENUE	Address	5709 NW 65TH TERRACE
City-State-Zip:	NEW HAVEN IN 46774	City-State-Zip:	TAMARAC FL 33321

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK J. SCHRADER PRESIDENT 03/25/2017

Electronic Signature of Signing Officer/Director Detail — Date