2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2018
Secretary of State
CC3038552346

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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: Yes

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
Name	SCHRADER, PATRICK J
Address	1549 NE 27TH STREET
City-State-Zip:	WILTON MANORS FL 33334

Title	VP
Name	AMATO, WENDY
Address	725 COLLINGS AVENUE
City-State-Zip:	COLLINGSWOOD NJ 08107

Title	SECRETARY
Name	PULIDO, ANNA
Address	251 E. RIVERBEND DRIVE
City-State-Zip:	SUNRISE FL 33326

Title	TREASURER
Name	MESA, JULIO
Address	5709 NW 65TH TERRACE
City-State-Zip:	TAMARAC FL 33321

Title	OFFICER
Name	RACHEL, PULIDO
Address	251 E. RIVERBEND DRIVE
City-State-Zip:	SUNRISE FL 33326

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 01/29/2018

Electronic Signature of Signing Officer/Director Detail — Date