

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000001018

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: ALPHABEST EDUCATION, INC.

**Current Principal Place of Business:**

1310 LEWISVILLE-CLEMONS ROAD  
LEWISVILLE, NC 27023

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 609  
LEWISVILLE, NC 270230609

**New Mailing Address:**

FEI Number: 20-2042559      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BLACKBURN, MARY  
Address: 1310 LEWISVILLE-CLEMONS ROAD  
City-St-Zip: LEWISVILLE, NC 27023

Title: VPD ( ) Delete  
Name: MARCERON, MATTHEW B  
Address: 1310 LEWISVILLE-CLEMONS ROAD  
City-St-Zip: LEWISVILLE, NC 27023

Title: ST ( ) Delete  
Name: HARPER, MELISSA  
Address: 1310 LEWISVILLE-CLEMONS ROAD  
City-St-Zip: LEWISVILLE, NC 27023

Title: CD (X) Delete  
Name: KAPLAN, HOWARD J  
Address: 1310 LEWISVILLE-CLEMONS ROAD  
City-St-Zip: LEWISVILLE, NC 27023

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KAPLAN, HAL  
Address: 1310 LEWISVILLE-CLEMONS ROAD  
City-St-Zip: LEWISVILLE, NC 27023

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MELISSA HARPER

ST

04/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date