

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002030

FILED
Jan 25, 2010
Secretary of State

Entity Name: ADVANCED LEARNING CENTERS, INC.

Current Principal Place of Business:

317 INVERNESS WAY SOUTH #150
ENGLEWOOD, CO 80112

New Principal Place of Business:

Current Mailing Address:

317 INVERNESS WAY SOUTH #150
ENGLEWOOD, CO 80112

New Mailing Address:

FEI Number: 83-0302861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE 4
WESTON, FL 33331 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: D
Name: REEVES, ANDREW
Address: 1130 SOUTH 113 COURT
City-St-Zip: OMAHA, NE 68144

Title: P
Name: LUSH, MARGARET
Address: 317 INVERNESS WAY SOUTH, #150
City-St-Zip: ENGLEWOOD, CO 80112

Title: VP
Name: AINSWORTH, LARRY
Address: 1641 HONEYSUCKLE COURT
City-St-Zip: ENCINITAS, CA 92024

Title: S
Name: BURGESS, BOB
Address: 317 INVERNESS WAY SOUTH, #150
City-St-Zip: ENGLEWOOD, CO 80112

Title: T
Name: MORALES, PEGGY
Address: 317 INVERNESS WAY SOUTH, #150
City-St-Zip: ENGLEWOOD, CO 80112

Title: CEO
Name: REEVES, DOUGLAS B
Address: 225 DERBY STREET #503
City-St-Zip: SALEM, MA 01970

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: PEGGY MORALES

T

01/25/2010

Electronic Signature of Signing Officer or Director

_____ Date