


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

2/1

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90068 028 \*\*\*150.00

**DOCUMENT # J33273**  
1. Entity Name  
ALPHABET LEARNING CENTER, INC.



Principal Place of Business  
4423 KELLY ROAD  
TAMPA, FL 33615

Mailing Address  
4423 KELLY ROAD  
TAMPA, FL 33615

66004514



01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2720019

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GRIMALDO, YADIRA  
9822 BRIDGETON DR.  
TAMPA, FL 33626

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRIMALDO, HARRY
STREET ADDRESS	4423 KELLY ROAD
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	ST
NAME	GRIMALDO, HERNANDO
STREET ADDRESS	4423 KELLY ROAD
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hernando A. Grimaldo Harry Grimaldo 3-6-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Hernando A. Grimaldo

Harry Grimaldo