


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90004 030 ***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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 59-2720019		
5. Certificate of Status Desired <input type="checkbox"/>		Chg-P		CR2E034 (12/06)	
Applied For Not Applicable		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GRIMALDO, YADIRA 9822 BRIDGETON DR. TAMPA, FL 33626			7. Name and Address of New Registered Agent Name <u>Shirley P. Grimaldo.</u> Street Address (P.O. Box Number is Not Acceptable) <u>19425 Sandy Springs Circle</u> City <u>Lutz</u> <u>FL</u> Zip Code <u>33558</u>		
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 <u><i>Shirley P. Grimaldo</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE <u>2/19/08</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRIMALDO, HERNANDO <u>Alex</u> <input type="checkbox"/> Delete 4423 KELLY ROAD TAMPA, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Grimaldo, Shirley P. 19425 Sandy Springs Cir Lutz, FL 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 607, 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>02-19-08</u>		Daytime Phone # <u>813-884-4542</u>	