2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N04000000030

Entity Name: ALL RIGHT LEARNING CENTER, INC.

Current Principal Place of Business:

5370 SILVER STAR ROAD
P. O. BOX 683345
ORLANDO, FL 32868

New Principal Place of Business:

137 MILEHAM
P. O. BOX 683345
ORLANDO, FL 32868

Current Mailing Address:

5370 SILVER STAR ROAD
P. O. BOX 683345
ORLANDO, FL 32868

New Mailing Address:

P.O. BOX 683345
P. O. BOX 683345
ORLANDO, FL 32868

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, ELAINE
10151 UNIVERSITY BLVD
345
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

MORRIS, ELAINE
1511 UNIVERSITY
P.O. BOX 683345
ORLANDO, FL 32868 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: _____ 04/28/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORRIS, ELAINE
Address: 10151 UNIVERSITY BLVD
City-St-Zip: ORLANDO, FL 32817

Title: T ( ) Delete
Name: SAWYER, DORETTE
Address: P.O. BOX 683345
City-St-Zip: ORLANDO, FL 32868

Title: T ( ) Delete
Name: PENADO, FRANKI
Address: P. O. BOX 683345
City-St-Zip: ORLANDO, FL 32868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MORRIS, ELAINE
Address: P.O. BOX 580038
City-St-Zip: ORLANDO, FL 32838

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 for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EMORRIS PD 04/28/2004
Electronic Signature of Signing Officer or Director — Date