2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000030

Entity Name: ALL RIGHT LEARNING CENTER, INC.

FILED Aug 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 137 MILEHAM
 1415 HIAWASSEE

 P. O. BOX 683345
 P. O. BOX 683345

 ORLANDO, FL 32868
 ORLANDO, FL 32868

Current Mailing Address: New Mailing Address:

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

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

 MORRIS, ELAINE
 MORRIS, ELAINE

 1511 UNIVERSITY
 10151 UNIVERSITY

 P.O. BOX 683345
 P.O. BOX 683345

 ORLANDO, FL 32868 US
 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: 08/25/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: MORRIS, ELAINE Name: MORRIS, ELAINE

 Address:
 P.O. BOX 580038
 Address:
 10151 UNIVERSITY

 City-St-Zip:
 ORLANDO, FL 32838
 City-St-Zip:
 ORLANDO, FL 32817

 Name
 SAWTER, DORETTE

 Address:
 P.O. BOX 683345

 City-St-Zip:
 ORLANDO, FL 32868

 City-St-Zip:
 ORLANDO, FL 32858

 Name:
 PENADO, FRANKI
 Name:
 PENADO, FRANKI

 Address:
 P. O. BOX 683345
 Address:
 P. O. BOX 580038

 City-St-Zip:
 ORLANDO, FL 32868
 City-St-Zip:
 ORLANDO, FL 32858

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 P 08/25/2005