2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90831 001 ****61.25

DOCUMENT # N04000000030

1. Entity Name
ALL RIGHT LEARNING CENTER, INC.

Principal Place of Business	Mailing Address
1415 HIAWASSEE P. O. BOX ~~683345~~ 580039 ORLANDO, FL ~~32868~~ 32858	P.O. BOX ~~683345~~ 580038 ORLANDO, FL ~~32868~~ 32858

40000-

04272007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, ELAINE
10151 UNIVERSITY
P.O. BOX 683345
ORLANDO, FL 32868

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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)

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MORRIS, ELAINE
STREET ADDRESS	PO BOX 683345
CITY-ST-ZIP	ORLANDO, FL 32868
TITLE	T
NAME	SAWYER, DORETTE
STREET ADDRESS	P.O. BOX 580038
CITY-ST-ZIP	ORLANDO, FL 32858
TITLE	T
NAME	PENADO, FRANKI
STREET ADDRESS	P. O. BOX 580038
CITY-ST-ZIP	ORLANDO, FL 32858
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: E R Morris 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #