## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000000030

FILED Apr 30, 2008 Secretary of State

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Entity Na	me: ALL RIGHT LEARN	NING CENTER, INC.		
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Current Principal Place of Business:		New Principal Place of Business:		
1415 HIAV P. O. BOX DRLANDO				
Current Mailing Address:		New Mailing Address:		
1415 HIAV P. O. BOX ORLANDO				
El Number	: FEI Num	nber Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
	IVERSITY		MORRIS, ELAINE 10151 UNIVERSITY ORLANDO, FL 3286	88 US
	083345 D, FL 32868 US		01(2,11480,12,0200	
The above	D, FL 32868 US	nis statement for the p		red office or registered agent, or both,
ORLANDO The above n the State	D, FL 32868 US named entity submits the of Florida.	nis statement for the p		
ORLANDO The above n the State	D, FL 32868 US named entity submits the of Florida. RE:	nis statement for the pure of Registered Age	ourpose of changing its register	ed office or registered agent, or both,
ORLANDO The above n the State	D, FL 32868 US named entity submits the of Florida. RE:		ourpose of changing its register	ed office or registered agent, or both, 04/30/2008
DRLANDO The above In the State BIGNATUI  DFFICER Itle: Itame: Itame: Itame: Itame: Itames	D, FL 32868 US named entity submits the of Florida.  RE: Electronic Signati		ourpose of changing its register	red office or registered agent, or both,  04/30/2008  Date
ORLANDO The above n the State	P ( ) Delete MORRIS, ELAINE PO BOX 683345		ourpose of changing its register ent  ADDITIONS/CHANC Title: Name: Address:	ed office or registered agent, or both,  04/30/2008  Date  DES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ER D 04/30/2008