

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000030

FILED
Apr 29, 2009
Secretary of State

Entity Name: ALL RIGHT LEARNING CENTER, INC.

Current Principal Place of Business:

1415 HIAWASSEE
P. O. BOX 580039
ORLANDO, FL 32858

New Principal Place of Business:

Current Mailing Address:

1415 HIAWASSEE
P. O. BOX 580039
ORLANDO, FL 32858

New Mailing Address:

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

Name and Address of Current Registered Agent:

MORRIS, ELAINE
10151 UNIVERSITY
ORLANDO, FL 32868 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORRIS, ELAINE
Address: PO BOX 683345
City-St-Zip: ORLANDO, FL 32868

Title: T () Delete
Name: SAWYER, DORETTE
Address: P.O. BOX 580038
City-St-Zip: ORLANDO, FL 32858

Title: T () Delete
Name: PENADO, FRANKI
Address: P. O. BOX 580038
City-St-Zip: ORLANDO, FL 32858

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: JACKSON, ANDREA
Address: P.O. BOX 680752
City-St-Zip: ORLANDO, FL 32868

Title: D () Change (X) Addition
Name: DAWKINS, BARBARA
Address: P.O. BOX 680752
City-St-Zip: ORLANDO, FL 32868

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: ELAINE MORRIS

DIR

04/29/2009

Electronic Signature of Signing Officer or Director

Date