

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012938

FILED
Apr 27, 2006
Secretary of State

Entity Name: BETTER LEARNING AND DISABILITIES ENDEAVORS INC.

Current Principal Place of Business:

PO BOX 16511
TAMPA, FL 33687

New Principal Place of Business:

PO BOX 16511
TAMPA, FL 33687 US

Current Mailing Address:

PO BOX 16511
TAMPA, FL 33687

New Mailing Address:

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

Name and Address of Current Registered Agent:

BJORNSON, WILLIAM O
8307 MULBERRY
TAMPA, FL 33604 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: BJORNSON, WILLIAM P
Address: PO BOX 16511
City-St-Zip: TAMPA, FL 33687

Title: T () Delete
Name: MINKEL, DOUG
Address: 1222 7TH AVE NE
City-St-Zip: LARGO, FL 33770

Title: V () Delete
Name: WILLIAMS, LATRISE
Address: 17751 H JAMESTOWN WAY
City-St-Zip: LUTZ, FL 33558

Title: D () Delete
Name: HENDEL, BRIAN
Address: 2907 AVE B
City-St-Zip: HOLMES BEACH, FL 34217

Title: S () Delete
Name: GARCIA, NANCY
Address: 3000 HOBSON RD
City-St-Zip: DOWNERS GROVE, IL 60517

Title: D () Delete
Name: DOUGLAS, TIM
Address: 7005 GLENVIEW DR
City-St-Zip: TAMPA, FL 33619

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

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 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: WILLIAM P BJORNSON

P

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date