FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

DOCUM	ENT #P00.00	000041	7	05-21-2002 91	164 025 ***150.00	
Arising	Above Tutorial &	Educational Servi	ces, porated			
	O NOT WRITE		i	:		
2. Principal Plac	e of Business	3. Mailing Address	0-14			
3600 South State Road 7 3600 South State Suite, Apt. #, etc. Suite, Apt. #, etc.			Kaa I	DO NOT WRITE IN THIS SPACE		
+216		#216 City & State	,	4. FEI Number	Applied For Not Applicable	
Miramar, Florida Miramar,		Miramar, Flori	da	(05-1037975 5. Certificate of Status Desired □	\$8.75 Additional	
330Q	3 Country		ZΊΔ	Name and Address of Current Register	Fee Required	
<u> </u>			Name Spur Ou			
	DO NOT WI		Street Address (P	Street Address (P.C. Box Number is Not Acceptable) Fourth Floor		
			City Mich	Mani FL Zip Code 33145		
8. The above named entity submits this statement for the purpose of changing its registered						
8. The above n	amed entity submits this statement for	the purpose of ortality in 5			_	
SIGNATURE	ignature, typed or printed name of registered agent a	and title if applicable. (NOTE: Register	red Agent signature required v	when reinstalling) DATI		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Amended U) is \$550.00 is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
(See criteria	on back) OFFICERS AND	Make Check Payable to I	Department of State			
	Prosident	īī	TI.E AME		,	
name Street address	Marlo Tart 3350 SW 148TH AVE.	ST	TREET ADDRESS			
CITY-ST-ZIP	MIRAMAR EL 33027		TY-ST-ZIP		,	
TITLE	Troasurer		TLE AME			
NAME STREET ADDRESS	Marlo Taut 3350 SW 148TH AVE	S	TREET ADDRESS			
CITY - ST - ZIP	MIRAMAR, FL 33027-		ITY-ST-ZIP			
TITLE	Director		ITLE IAME		-	
NAME STREET ADDRESS	3350 SW 148TH AVE.	3	STREET ADDRESS	DO NOT WE	RITE	
CITY-ST-ZIP	MIRAMAR EL-33027		TITLE	IN THIS SPA		
TITLE	Margaret turner		MAME		70£	
NAME STREET ADDRESS		Street	STREET ADDRESS			
CITY-ST-ZIP	Holly wood, Flor	Ja 83020	CITY-ST-ZIP			
TITLE		1	TITLE NAME			
NAME STREET ADDRESS		1	STREET ADDRESS			
CITY-ST-ZIP			CITY - ST - ZIP			
TITLE			TITLE			
NAME			STREET ADORESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
indicated	certify that the information supplied w d on this report or supplemental report orporation or the receiver or trustee er ent with an address, with all other like	nnowered to execute this report as	exemption stated in S gnature shall have the required by Chapter to	ection 119.07(3)(i), Florida Statutes. I furthe same legal effect as if made under oath; the 607, Florida Statutes; and that my name ap	r certify that the information nat I am an officer or director pears in Block 11 or on an	