## 2008 FOR PROFIT CORPCE ATION ANNUAL REPORT

SIGNATURE:

## Mar 03, 2008 8:00 am **Secretary of State** DOCUMENT # P04000136271 03-03-2008 90192 033 \*\*\*150.00 BLOCK TUTORING, INC. Mailing Address Principal Place of Business 5141 NE 27 AVE. 5141 NE 27 AVE. LIGHTHOUSE POINT, FL 33064 LIGHTHOUSE POINT, FL 33064 2. Principal Place of Business - No P.O. Box # 4556 NW 7 Place 3. Mailing Address 4556 NW 7 PLACE Suite, Apt. #, etc. Suite, Apt. #, etc. 01292008 Chg-P CR2E034 (12/06) Deerfield Beach, Fr City & State Decrifield Beach, FL 4. FEI Number Applied For 20-1795621 Not Applicable Country Be ward 33442 Zip \$8.75 Additional 5. Certificate of Status Desired 33442 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DON E. Block BLOCK, DORY D Street Address (P.O. Box Number is Not Acceptable) 5141 NE 27 AVE. LIGHTHOUSE POINT, FL :33064 4556 NW 7 Place City Deerfiell Beach, 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. 2.22.68 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D ☑ Change ☐ Addition ☐ Delete TITLE TITLE Block Doryplace BLOCK, DORY NAME NAME 5141 NE 27 AVE. STREET ADDRESS STREET ADDRESS Deerfield Beach, FL 33442 LIGHTHOUSE POINT, FL 33064 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 required or trustee empowered to execute this report as required by Chapter 607, 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.

FILED