

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002252

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: H.I.G.H.E.R. TUTORIAL SERVICES, INCORPORATED

## Current Principal Place of Business:

3239 JUSTINA ROAD #43  
JACKSONVILLE, FL 32277

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 21026  
PHILADELPHIA, PA 19114

## New Mailing Address:

174 FIFTH AVENUE, SUITE 402  
NEW YORK, NY 10010

FEI Number: 74-3111573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARKER, LYSHICA P  
3239 JUSTINA ROAD #43  
JACKSONVILLE, FL 32277 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: GREEN, SHATAN D  
Address: 1075 INDIAN MOUNTAIN LAKES  
City-St-Zip: ALBRIGHTSVILLE, PA 18210

Title: VCVP ( ) Delete  
Name: PARKER, LYSHICA P  
Address: 606 S. EAST STREET/PO BOX 802  
City-St-Zip: ROSEBORO, NC 28382

Title: D ( ) Delete  
Name: CHARLES, OSNER  
Address: 4305 COTTMAN AVENUE  
City-St-Zip: PHILADELPHIA, PA 19135

Title: T ( ) Delete  
Name: PARKER, LYSHICA P  
Address: 606 S. EAST STREET/PO BOX 802  
City-St-Zip: ROSEBORO, NC 28382

Title: SD ( ) Delete  
Name: GREEN, HARRY  
Address: 1075 INDIAN MOUNTAIN LAKES  
City-St-Zip: ALBRIGHTSVILLE, PA 18210

## 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  
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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYSHICA P. PARKER

VCVP

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date