

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90414 014 ***150.00

DOCUMENT # F05000005907

1. Entity Name
AJILON LEARNING INC.



Principal Place of Business
**175 BROAD HOLLOW ROAD
MELVILLE, NY 11747**

Mailing Address
**175 BROAD HOLLOW ROAD
MELVILLE, NY 11747**

50008787



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2592248

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCFO
DEDAT, MOHAMMED
5 HAMMERSMITH GROVE, HAMMERSMITH W60QQ
UK, X X**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COOD
ROWLANDS, IAN
5 HAMMERSMITH GROVE, HAMMERSMITH W60QQ
UK, X X**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
REARDON, GEORGE M
175 BROAD HOLLOW ROAD
MELVILLE, NY 11747**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SMALHEISER, HARVEY
175 BROAD HOLLOW ROAD
MELVILLE, NY 11747**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DOBLER, PATRICK
SAGEREISTRASSE 10, CH 8152, GLATTBRUGG
SWITZERLAND, X X X**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 receiver 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harvey Smalheiser

Date

3/24/06

Daytime Phone #

631 844 7800