FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 MAR -7 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # H55636 (5)

1. Corporation Name
PEARLS OF WISDOM LEARNING CENTER, INCORPORATED

Principal Place of Business
% CRISSE BATES FOSTER
~~2040 NORTH HIGHWAY A-1-A, SUITE 201~~
~~INDIAN HARBOUR BEACH FL 32937~~

Mailing Address
% CRISSE BATES FOSTER
~~2040 NORTH HIGHWAY A-1-A, SUITE 201~~
~~INDIAN HARBOUR BEACH FL 32937~~

3. Date Incorporated or Qualified: 05/07/1985
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2544511 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 151 Eber Road
Suite, Apt. #, etc.
22
City & State
23 Melbourne
Zip
24 32901
Country
25 USA

2a. Mailing Address
26 ~~151 Eber Road~~ c/o Crisse Bates Foster
Suite, Apt. #, etc.
27 #505 930 S. Harbor City Blvd
City & State
28 Melbourne, FL
Zip
29 32901
Country
30 USA

9. Name and Address of Current Registered Agent

FOSTER, CRISSE BATES
930 S. HARBOR CITY BLVD #505
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name: Crisse Bates Foster
82 Street Address (P.O. Box Number is Not Acceptable): 930 S. Harbor City Blvd #505
83
84 City: Melbourne FL 85 Zip Code: 32901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1 1 TITLE	☐ Change ☐ Addition
NAME	PEARLMAN, SHEILA E.	1 2 NAME	
STREET ADDRESS	1131 PEMBROKE AVE	1 3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	1 4 CITY-ST-ZIP	
TITLE	DST	2 1 TITLE	☐ Change ☐ Addition
NAME	PEARLMAN, WILLIAM L.	2 2 NAME	
STREET ADDRESS	1131 PEMBROKE AVE	2 3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Pearlman William L. Pearlman 2/22/95 (407) 984-0534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000000 CP