

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H59956

FILED  
Apr 10, 2006  
Secretary of State

Entity Name: TUSKAWILLA LEARNING CENTER, INC.

## Current Principal Place of Business:

% THOMAS E. PHILLIPS  
1625 MONTESSORI PT  
OVIEDO, FL 32765

## New Principal Place of Business:

## Current Mailing Address:

% THOMAS E. PHILLIPS  
1625 MONTESSORI PT  
OVIEDO, FL 32765

## New Mailing Address:

FEI Number: 59-2564046      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILLIPS, THOMAS E.  
1625 MONTESSORI PT  
OVIEDO, FL 32765      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: TD ( ) Delete  
Name: PHILLIPS, THOMAS E.,  
Address: 319 MAPLE COURT  
City-St-Zip: OVIEDO, FL

Title: PD ( ) Delete  
Name: PHILLIPS, LOIS LORRA, INE  
Address: 319 MAPLE COURT  
City-St-Zip: OVIEDO, FL

Title: VD ( ) Delete  
Name: DELONG, TERRY LYNN,  
Address: 1262 HILL STREAM DRIVE  
City-St-Zip: GENEVA, FL

Title: SD ( ) Delete  
Name: DELONG, DANIEL FRANK, LIN  
Address: 1262 HILL STREAM DRIVE  
City-St-Zip: GENEVA, FL

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS E. PHILLIPS

PD

04/10/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date