2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2005 08:00 AM Secretary of State

1. Entity Nam BASIC LE	EARNING, INC.					ci ctai	y of State
4570 SAN JO C/O MARTHA		Mailing Address 4570 SAN JOSE BLVD. C/O MARTHA APOL JACKSONVILLE, FL 32207	US				
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				03142005 4. FEI Number	No Chg-P	CR2E034	
APOL, MA SAN JOSE JACKSON	RTHA L.	DO NOT WRITE IN THIS SPACE					
the obligat	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and E NOWILL FEE IS \$150.00		d Agent signature required		in the State of Flo.	rida. I am fam DATE	lliar with, and accept
	ay 1, 2005 Fee will be \$550.00		☐ Adde	ed to Fees			
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DI DP APOL, MARTHA L. 4570 SAN JOSE BLVD. JACKSONVILLE, FL	RECTORS			— U00000 04/01/05-1	28301 8 80008-03	S 150.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO I	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u> ·			IN T	HIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the corphanged,	pertify that the information supplied with this on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with	s filing does not qualify for the exe le and accurate and that my signa ared to execute this report as requi all other like empowered.	mption stated in Sector shall have the sector for t	ction 119.07(3)(i), ame legal effect a Florida Statutes;	Florida Statutes. I is if made under or and that my name	further certify that I am a appears in Blo	hat the information in officer or director ock 10 or Block 11 if