


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

2/1

FILED
Mar 10, 2006 8:00 am
Secretary of State

02-17-2006 90068 028 ***150.00

DOCUMENT # J33273 1. Entity Name ALPHABET LEARNING CENTER, INC.	
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Principal Place of Business 4423 KELLY ROAD TAMPA, FL 33615	Mailing Address 4423 KELLY ROAD TAMPA, FL 33615
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DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2720019	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRIMALDO, YADIRA 9822 BRIDGETON DR. TAMPA, FL 33626
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**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 _____ (NOTE: Registered Agent signature required when renewing) 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	P GRIMALDO, HARRY 4423 KELLY ROAD TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRIMALDO, HERNANDO 4423 KELLY ROAD TAMPA, FL 33615
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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:   3-6-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Hernando A. Grimaldo

Harry Grimaldo