2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

ANNUAL REPORT						
1. Entity Nam	MENT # J85255 ER TUTORS U.S.A., INCOR			Sec	retary of Sta	
	e of Business RLANE ROAD E, FL 32312	Mailing Address 1242 TIMBERLANE ROAD TALLAHASSEE, FL 32312		- -)	
e e e e e e e e e e e e e e e e e e e	O NOT WRITE	IN THIS SPA	CE	01092008		R2E034 (11/05)
est to the second	and the section of th	The state of the s	The state of the state of	4. FEI Number 59-28455. Certificate of		Applied For Not Applicable \$8.75 Additional Fee Required
1242 TIME TALLAHAS	6. Name and Address of Current R. ROBERT J BERLANE ROAD SSEE, FL 32312 named entity submits this statement for tions of registered agent.	he purpose of changing its register 	ed Agent signature required	ed agent, or both,	in the State of Florida.	Fire the angle that the Comment of t
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Glection Campaign Fina Trust Fund Contribution		00 May Be ed to Fees		and the second
10. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE	P SEREICO, JONELL 1242 TIMBERLANE ROAD TALLAHASSEE, FL 32312	RECTORS	A Super Supe	DO:	U00000778 01/10/03-800 VOT WR	3073 (1904) (190
NAME STREET ADDRESS CITY-ST-ZIP TITLE				h in a day	in a second	and the later of t

12. Thereby 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 comporation 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:

NAME
SIRELI ADDRESS
CITY-SI-ZIP
TITLE
NAME
SIREET ADDRESS
CITY-SI-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1908

850-668-4090