2006 LIMITED LIABILITY COMPANY ANNUAL REPORT **FILED** Jan 23, 2006 08:00 AN DOCUMENT # L01000005402 Secretary of State 1. Entity Name BRIGHT SKY LEARNING, L.L.C. Principal Place of Business Mailing Address 2 POND'S EDGE DR., P.O. BOX 999 2 POND'S EDGE DR., P.O. BOX 999 CHADDS FORD, PA 19317 CHADDS FORD, PA 19317 01032006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 23-3076447 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOORE, BRUCE E DO NOT WRITE 2631 MCCORMICK DR, STE 101 CLEARWATER, FL 33759 IN THIS SPACE 3. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM ME NAME MOORE, BRUCE E STREET ADDRESS 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information curate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the er or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and

bruce E. Moore SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP