

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022621

FILED
Jan 15, 2006
Secretary of State

Entity Name: WISE ON-LINE EDUCATION, LLC

Current Principal Place of Business:

1225 S FLORIDA AVE
F
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

2615 LOWELL CIRCLE
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 22-3879885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISE, SIDNEY J
2615 LOWELL CIRCLE
MELBOURNE, FL 32935 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WISE, SAMUEL J
Address: 2615 LOWELL CIRCLE
City-St-Zip: MELBOURNE, FL 32935 US

Title: MGRM () Delete
Name: WISE, MATTHEW J
Address: 2615 LOWELL CIRCLE
City-St-Zip: MELBOURNE, FL 32935 US

Title: MGRM () Delete
Name: WISE, SIDNEY J
Address: 2615 LOWELL CIRCLE
City-St-Zip: MELBOURNE, FL 32935 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WISE, SAMUEL J
Address: 616 MANOR PL
City-St-Zip: W MELBOURNE, FL 32904 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MATTHEW J. WISE

MGRM

01/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date