

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022621

FILED  
Apr 17, 2008  
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: 616 MANOR PL  
City-St-Zip: W MELBOURNE, FL 32904 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: SIDNEY J. WISE

MGRM

04/17/2008

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