2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026894

City-St-Zip:

APOPKA, FL 32712

FILED Apr 17, 2006 Secretary of State

Entity Name: ALLIANCE ACADEMIES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business: New Principal Place of Business: 1862 E WINTER PARK ROAD 1470 MINNESOTA AVENUE WINTER PARK, FL 32789 ORLANDO, FL 32803 **Current Mailing Address: New Mailing Address:** 1470 MINNESOTA AVENUE 1862 E. WINTER PARK ROAD WINTER PARK, FL 32789 ORLANDO, FL 32803 FEI Number: 52-2384353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HADDOCK PROFESSIONAL ASSOCIATION 3300 UNIVERSITY BLVD. WINTER PARK, FL 32792 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LYMAN, NIEVES A Name: Name: 1698 HIBISCUS AVENUE Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: LYMAN, DONALD E Name: Address: 1698 HIBISCUS AVENUE Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LYMAN-RIVERA, JENNIFER Name: Name: Address: 2504 FOX SQUIRREL COURT Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: JOSE EMMANUEL RIVERA Name: Address: 2504 FOX SQUIRREL COURT Address:

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.

City-St-Zip:

SIGNATURE: JENNIFER LYMAN-RIVERA MGRM 04/17/2006