


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90005 039 ****50.00

DOCUMENT # L05000034417	
1. Entity Name ACCELLEARN LLC	

Principal Place of Business 645- 36 ST. WEST PALM BEACH, FL 33407	Mailing Address 645- 36 ST. WEST PALM BEACH, FL 33407
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2. Principal Place of Business 7711 N. MILITARY TRAIL	3. Mailing Address 7711 N. MILITARY TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

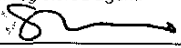
City & State PALM BEACH GARDENS, FL	City & State PALM BEACH GARDENS, FL
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Zip 33410	Country USA	Zip 33410	Country USA
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	Name R. SHANE VANDER KOOI
	Street Address (P.O. Box Number is Not Acceptable)
	7711 N. MILITARY TRAIL
	City PALM BEACH GARDENS FL Zip Code 33410

8. 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.

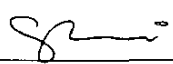
SIGNATURE:  **R. SHANE VANDER KOOI** DATE: **2-21-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANDER KOOI, R. SHANE 645- 36 ST. WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby 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 is true and accurate 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **R. SHANE VANDER KOOI** **2-20-06** **564-630-6549**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #