2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# M06000002413

Entity Name: A TO Z IN-HOME TUTORING LLC

Current Principal Place of Business:

1300 DIVISION STREET #306
NASHVILLE, TN 37203

New Principal Place of Business:

Current Mailing Address:

1300 DIVISION STREET #306
NASHVILLE, TN 37203

New Mailing Address:

121 NORTH 2ND STREET
SUITE 301
FT. PIERCE, FL 34950

FEI Number: 61-1436598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MCCUSKER, FLETCHER
Address: 5524 E. FOURTH STREET
City-St-Zip: TUCSON, AZ 85711

Title: MGRM ( ) Delete
Name: DEITCH, MICHAEL
Address: 5524 E. FOURTH STREET
City-St-Zip: TUCSON, AZ 85711

Title: MGRM ( ) Delete
Name: NORRIS, CRAIG
Address: 5524 E. FOURTH STREET
City-St-Zip: TUCSON, AZ 85711

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 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: JO-ANN PRISCO SD 01/11/2007

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