2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# N05000010883

Entity Name: THE BRAXTON LEARNING CENTER INC.

Current Principal Place of Business:

1622 MARLIN STREET
SAINT CLOUD, FL 34771 US

New Principal Place of Business:

2500 CANOE CREEK RD.
SAINT CLOUD, FL 34769 US

Current Mailing Address:

1622 MARLIN STREET
SAINT CLOUD, FL 34771 US

New Mailing Address:

P O BOX 700683
SAINT CLOUD, FL 34770 US

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

Name and Address of Current Registered Agent:

CHAPLAIN, JEREMY D
1622 MARLIN STREET
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

CHAPLAIN, JEREMY D
2500 CANOE CREEK RD.
SAINT CLOUD, FL 34769 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: _____ 04/19/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CHAPLAIN, TAMMY L
Address: 1622 MARLIN STREET
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: VP ( ) Delete
Name: CHAPLAIN, JEREMY D
Address: 1622 MARLIN STREET
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHAPLAIN, TAMMY L D
Address: 2500 CANOE CREEK RD.
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: V (X) Change ( ) Addition
Name: CHAPLAIN, JEREMY D D
Address: 2500 CANOE CREEK RD.
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: T, S ( ) Change (X) Addition
Name: HERSEY-BUTTON, ANN D
Address: 1657 HADDOCK STREET
City-St-Zip: SAINT CLOUD, FL 34771 US

Title: M ( ) Change (X) Addition
Name: BUTTON, HAROLD D
Address: 1657 HADDOCK STREET
City-St-Zip: SAINT CLOUD, FL 34771 US

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAMMY CHAPLAIN P 04/19/2006
Electronic Signature of Signing Officer or Director — Date