2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N08000009375

Entity Name: ALL STAR STUDENTS EDUCATION AND TUTORING SERVICES, INC.

Current Principal Place of Business:

5701 MARY LN
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5701 MARY LN
WEST PALM BEACH, FL 33407

New Mailing Address:

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

Name and Address of Current Registered Agent:

GLENN, KETTELIE
5701 MARY LN
WEST PALM BEACH, FL 33407 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GLENN, KETTELIE
Address: 5701 MARY LN
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: PHILIPPE, MARIE L
Address: 17155 NE 13TH ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SD ( ) Delete
Name: FILS-AIME, LYDIE
Address: 2100 N AUSTRALIAN AVE., STE 304 S
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: WRIGHT, DORIS
Address: 2026 AUSTALIAN AVE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: KETTELIE GLENN D 03/04/2009
Electronic Signature of Signing Officer or Director — Date