


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N21357	
1. Entity Name LA ALPHA LEARNING AND DEVELOPMENT CENTER, INCORPORATED	

Principal Place of Business 1225 W 29TH JACKSONVILLE FL 32209 US	Mailing Address P.O. BOX 9542 JACKSONVILLE FL 32208
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-2829232		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS, GRACE 5393 TUBMAN DRIVE, NORTH JACKSONVILLE FL 32208	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) **DATE** _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME RAY, EARL STREET ADDRESS 7170 LEM TURNER CIRCLE CITY- ST- ZIP JACKSONVILLE FL 32208	<input type="checkbox"/> Delete	TITLE NAME: STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000680142 04/03/07-80062-022 61.25
TITLE VD NAME THOMAS, GRACE STREET ADDRESS 7170 LEM TURNER CIRCLE CITY- ST- ZIP JACKSONVILLE FL 32208	<input type="checkbox"/> Delete	TITLE NAME: STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME BLACK, DORIS STREET ADDRESS 9101 PEARL STREET CITY- ST- ZIP JACKSONVILLE FL 32208	<input type="checkbox"/> Delete	TITLE NAME: STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BRYANT, EDWARD A. STREET ADDRESS 1935 W. 44TH ST. CITY- ST- ZIP JACKSONVILLE FL 32209	<input type="checkbox"/> Delete	TITLE NAME: STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME RAY, KIMBERLY S STREET ADDRESS 762 SUNKEN MEADOWS LN CITY- ST- ZIP JACKSONVILLE FL 32218	<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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACE Thomas 3-19-2007 904-766-1256