


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90128 007 ****61.25

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 # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE	CR2E037 (10/07)
4. FEI Number 59-2829232	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	
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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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW. FEE IS \$61.25 Due By May 1, 2008	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 NAME STREET ADDRESS CITY-ST-ZIP	PD RAY, EARL <i>Deceased</i> <input checked="" type="checkbox"/> Delete 7170 LEM TURNER CIRCLE JACKSONVILLE FL 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas Grace <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 762 SUNKEN MEADOW LN JACKSONVILLE FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, GRACE <input type="checkbox"/> Delete 7170 LEM TURNER CIRCLE JACKSONVILLE FL 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wilson Kimberly <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4423 Moncrief Rd West JACKSONVILLE FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLACK, DORIS <input type="checkbox"/> Delete 9101 PEARL STREET JACKSONVILLE FL 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, EDWARD A. <input type="checkbox"/> Delete 1935 W. 44TH ST. JACKSONVILLE FL 32209	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAY, KIMBERLY S <input type="checkbox"/> Delete 762 SUNKEN MEADOWS LN JACKSONVILLE FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wilson Kimberly <input type="checkbox"/> Delete 4423 Moncrief Rd West JACKSONVILLE FL 32209	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: <i>Grace T. Ray</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>3-18-08</i> Office Phone: <i>904-766-1256</i>