

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37077

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** THREE - H LEARNING CENTER, INC.

**Current Principal Place of Business:**

37918 VITALITY WAY  
DADE CITY, FL 33523 US

**New Principal Place of Business:**

**Current Mailing Address:**

37918 UTALITY WAY  
DADE CITY, FL 33523 US

**New Mailing Address:**

37918 VITALITY WAY  
DADE CITY, FL 33523 US

**FEI Number:** 65-0193322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLOM, BARTOLOME  
36424 FLORRIE MAE LANE  
DADE CITY, FL 33523 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: VP ( ) Delete  
Name: COLOM, BARTOLOME  
Address: 36424 FLORRIE MAE LANE  
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete  
Name: NAWAB, AHMAD  
Address: 7229 17TH COURT NE  
City-St-Zip: SAINT PETERSBURG, FL 33702 US

Title: D ( ) Delete  
Name: ESPARZA, LOURDES  
Address: 36432 FLORRIE MAE LANE  
City-St-Zip: DADE CITY, FL 33523

Title: D ( ) Delete  
Name: NORTON, AIDA  
Address: 317 WHITAKER RD  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: COLOM, BART JR  
Address: 2319 CARNATION HILL CT.  
City-St-Zip: ORLANDO, FL 32820

Title: P ( ) Delete  
Name: NORTON, BRENDAN  
Address: 317 WHITAKER ROAD  
City-St-Zip: LUTZ, FL 33549

**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:

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: BARTOLOME COLOM

VP

04/17/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date