

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46032

FILED
May 18, 2005
Secretary of State

Entity Name: HI-TECH TUTORING CENTER, INC.

Current Principal Place of Business:

4554 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

PO BOX 555661
ORLANDO, FL 32855661 US

New Mailing Address:

FEI Number: 59-3092747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MOSLEY, ERNESTINE D
4554 S. ORANGE BLOSSOM TRAIL
#72
ORLANDO, FL 32839 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: ANDERSON, SAMUEL
Address: 3974 FORRESTAL AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: VCD () Delete
Name: LEACH, EUGENE
Address: 2421 LAKE SUNSET DRIVE
City-St-Zip: ORLANDO, FL 32805

Title: ST () Delete
Name: MILDRED, GRAHAM
Address: 1 NORTH ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: MOSLEY, ERNESTINE
Address: 1001 S. DOLLINS AVENUE
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: MOSLEY, ERNESTINE D
Address: 4554 S. ORANGE BLOSSOM TRAIL, #72
City-St-Zip: ORLANDO, FL 32839

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ERNESTINE D. MOSLEY

D

05/18/2005

Electronic Signature of Signing Officer or Director

Date