

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46032

FILED
May 01, 2008
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:

ORANGE BLOSSOM SHOPPING CENTER
4554
ORLANDO, FL 32839

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:

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

Name and Address of New Registered Agent:

MOSLEY, ERNESTINE D
1001 SOUTH DOLLINS AVENUE
ORLANDO, FL 32805 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:

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BELL, GERALD L
Address: 303 RIUNITE
City-St-Zip: WINTER SPRINGS, FL 32805

Title: VCD () Delete
Name: BROWN, JOSEPH C JR
Address: 2500 WEST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: STD () Delete
Name: SIMPKINS, CORETTA
Address: 7601 MANDARIN DRIVE
City-St-Zip: ORLANDO, FL 32819

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

Title: D () Delete
Name: KENYON, ELEANOR
Address: 4322 WATERFRONT PARKWAY
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: ORTIZ JACKSON, NANCY
Address: 3909 S. SUMMERLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: KENYON, ELEANOR
Address: 300 EAST CHURCH STREET, #1118
City-St-Zip: ORLANDO, FL 32801

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: ERNESTINE MOSLEY

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date