2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N46032

Entity Name: HI-TECH TUTORING CENTER, INC.

Current Principal Place of Business:

ORANGE BLOSSOM SHOPPING CENTER
4554
ORLANDO, FL 32839

New Principal Place of Business:

750 SOUTH ORANGE BLOSSOM TRAIL
210
ORLANDO, FL 32805

Current Mailing Address:

PO BOX 555661
ORLANDO, FL 328555661 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
1001 SOUTH DOLLINS AVENUE
ORLANDO, FL 32805 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:	PCD	( ) Delete
Name:	BELL, GERALD L	
Address:	303 RIUNITE	
City-St-Zip:	WINTER SPRINGS, FL 32805	
Title:	VCD	( ) Delete
Name:	LEACH, EUGENE	
Address:	2421 LAKE SUNSET DRIVE	
City-St-Zip:	ORLANDO, FL 32805	
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:	300 EAST CHURCH STREET, #1118	
City-St-Zip:	ORLANDO, FL 32801	
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:	( ) 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: ERNESTINE MOSLEY D 05/01/2009

Electronic Signature of Signing Officer or Director — Date