

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000094824

Entity Name: COMPUTER TUTOR, INC.

FILED  
Jun 28, 2005  
Secretary of State

**Current Principal Place of Business:**

651 TIMBER POND DR.  
BRANDON, FL 33510

**New Principal Place of Business:**

**Current Mailing Address:**

651 TIMBER POND DR.  
BRANDON, FL 33510

**New Mailing Address:**

FEI Number: 59-3705933      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LITCHFIELD, ROSEMARIE  
651 TIMBER POND DR.  
BRANDON, FL 33510      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: ROSEMARIE R. LITCHFIELD

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:            D            ( ) Delete  
Name:            LITCHFIELD, ROSEMARIE  
Address:        651 TIMBER POND DR.  
City-St-Zip:    BRANDON, FL 33510

Title:            ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            O            (X) Change ( ) Addition  
Name:            LITCHFIELD, ROSEMARIE  
Address:        651 TIMBER POND DR.  
City-St-Zip:    BRANDON, FL 33510

Title:            D            ( ) Change (X) Addition  
Name:            ROBERSON, DOLORES M  
Address:        649 TIMBER POND DRIVE  
City-St-Zip:    BRANDON, FL 33510 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARIE R. LITCHFIELD

Electronic Signature of Signing Officer or Director

O

06/28/2005

Date