## 2006 FOR PROFIT CORPORATION

## Mar 24, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P01000096001 03-24-2006 90018 014 \*\*\*150.00 SILVÉR STAR LEARNING CENTER, INC. Principal Place of Business Mailing Address 5386 SILVER STAR ROAD 1438 MARBLE CREST WAY ORLANDO, FL 32808 WINTER GARDEN, FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 02232006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 59-3749130 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KINGROŚY & ASSOCIATES (K.A. Antwi) OPONG, JERKYL Y MR Street Address (P.O. Box Number is Not Acceptable) 1438 MARBLE CREST WAY WINTER GARDEN, FL 34787 16146 NW 14th CT. PEMBROKE PINES 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 **\$5.00** May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITI F ☐ Change ■ Addition PEASAH-OPONG, AUGUSTINA A MRS NAME NAME STREET ADDRESS 1438 MARBLE CREST WAY STREET ADDRESS WINTER GARDEN, FL 34787 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete mir ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

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**FILED**