2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P02000035224

Entity Name: MY LEARNING ADVANTAGE, INC.

Current Principal Place of Business:

6064 ANELLO DRIVE
MELBOURNE, FL 32940 US

New Principal Place of Business:

5433 THE WILLOWS DRIVE
MELBOURNE, FL 32934 US

Current Mailing Address:

PO BOX 410905
MELBOURNE, FL 329410905 US

New Mailing Address:

PO BOX 410905
MELBOURNE, FL 32941 US

FEI Number: 59-3772602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROYSTON, JAMES D
6064 ANELLO DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

ROYSTON, JAMES D
5433 THE WILLOWS DRIVE
MELBOURNE, FL 32934 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: _____ 04/30/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: ROYSTON, JAMES D
Address: 6064 ANELLO DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: CFO ( ) Delete
Name: SATROM, JOHN B
Address: 10319 PIERCE DRIVE
City-St-Zip: SILVER SPRING, MD 20901 US

Title: CIO ( ) Delete
Name: BORDEAUX, CHARLES A
Address: 733 FLORA LINDA DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: SECR ( ) Delete
Name: SATROM, JOHN B
Address: 10319 PIERCE DRIVE
City-St-Zip: SILVER SPRING, MD 20901 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ROYSTON, JAMES D
Address: 5433 THE WILLOWS DRIVE
City-St-Zip: MELBOURNE, FL 32934 US

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

SIGNATURE: JOHN B. SATROM SECR 04/30/2008
Electronic Signature of Signing Officer or Director — Date