
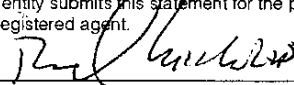


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90094 006 \*\*\*150.00

<b>DOCUMENT # P02000045820</b> 1. Entity Name <b>GUIDED TUTORING OF GREATER ATLANTA, INC.</b>					
Principal Place of Business <b>11205 ALPHARETTA HWY H-3 ROSWELL GA 30076</b>			Mailing Address <b>11205 ALPHARETTA HWY H-3 ROSWELL GA 30076</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>01-0697559</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>CRANMER, R B P.A. 1515 UNIVERSITY DR #214 CORAL SPRINGS FL 33071</b>	
7. Name and Address of New Registered Agent Name <b>RICHARD NICHOLAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7078 N.W. 67 terrace</b> City <b>PARKLAND FL</b> Zip Code <b>33067</b>				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  <b>3/9/05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IACHETTA, RICHARD N</b> <b>11205 ALPHARETTA HWY H-3</b> <b>ROSWELL GA 30076</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RICHARD NICHOLAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7078 N.W. 67 terrace</b> <b>PARKLAND FL 33067</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NELMS, HELENE M</b> <b>11205 ALPHARETTA HWY H-3</b> <b>ROSWELL GA 30076</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IACHETTA, DIANNE L</b> <b>11205 ALPHARETTA HWY H-3</b> <b>ROSWELL GA 30076</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIANNE NICHOLAS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <del><b>11205 ALPHARETTA HWY H-3</b></del> <del><b>ROSWELL GA 30076</b></del>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **RICHARD NICHOLAS** **3/9/05** **770-667-9443**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #