

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098931

FILED
Jan 03, 2008
Secretary of State

Entity Name: ONE ON ONE LEARNING CORP.

Current Principal Place of Business:

8900 SW 117 AVENUE
C-103
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

8900 SW 117 AVENUE
C-103
MIAMI, FL 33186

New Mailing Address:

FEI Number: 05-0530715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONNAR, MARCEL
8900 SW 117 AVENUE
C-103
MIAMI, FL 33186 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTD () Delete
Name: MONNAR, MARCEL
Address: 12196 SW 124 PATH
City-St-Zip: MIAMI, FL 33186

Title: SD () Delete
Name: MONNAR, MICHELLE I
Address: 12196 SW 124 PATH
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTD (X) Change () Addition
Name: MONNAR, MARCEL
Address: 11204 SW 134 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: SD (X) Change () Addition
Name: MONNAR, MICHELLE I
Address: 11204 SW 134 TERRACE
City-St-Zip: MIAMI, FL 33176

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: MARCEL MONNAR

PVTD

01/03/2008

Electronic Signature of Signing Officer or Director

_____ Date