

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003637

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: FRONTIER LEARNING SOLUTIONS, INC.

## Current Principal Place of Business:

8740 PINE BARRENS DRIVE  
ORLANDO, FL 32817

## New Principal Place of Business:

## Current Mailing Address:

8740 PINE BARRENS DRIVE  
ORLANDO, FL 32817

## New Mailing Address:

FEI Number: 11-3672431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

## Name and Address of New Registered Agent:

WILKINSON, THOMAS  
8740 PINE BARRENS  
ORLANDO, FL 32817 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: THOMAS WILKINSON

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: HAMEL, CHERYL J  
Address: 8740 PINE BARRENS DRIVE  
City-St-Zip: ORLANDO, FL 32817

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: HAMEL, CHERYL J  
Address: 8740 PINE BARRENS DRIVE  
City-St-Zip: ORLANDO, FL 32817 US

Title: DIR ( ) Change (X) Addition  
Name: WILKINSON, THOMAS  
Address: 8740 PINE BARRENS DRIVE  
City-St-Zip: ORLANDO, FL 32817 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: CHERYL HAMEL

PSTD

04/29/2005

Electronic Signature of Signing Officer or Director

Date