

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007064

FILED
Apr 16, 2004
Secretary of State

Entity Name: TRIANGLE WAYS LEARNING CENTER, INC.

Current Principal Place of Business:

2640-1 SOUTEL DR
JACKSONVILLE, FL 32208

New Principal Place of Business:

1104 CREEKS RIDGE ROAD
JACKSONVILLE, FL 32225 US

Current Mailing Address:

2640-1 SOUTEL DR
JACKSONVILLE, FL 32208

New Mailing Address:

P.P BOX 351093
JACKSONVILLE, FL 32235 US

FEI Number: 22-3892518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEPRELL, SAMUEL L
201 ST MARK'S PLACE
2640-1 SOUTEL DRACE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

LEPRELL, SAMUEL L
201 ST MARK'S PLACE
1930 SAN MARCO BLVD.
JACKSONVILLE, FL 32207 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:

04/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DELONEY, JUANZEN K JR
Address: 2640-1 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208

Title: D () Delete
Name: DELONEY, SHEILA J
Address: 2640-1 SOUTEL DR
City-St-Zip: JACKSONVILLE, FL 32208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVTS (X) Change () Addition
Name: DELONEY, JUANZEN K JR
Address: 1104 CREEKS RIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: DP (X) Change () Addition
Name: DELONEY, SHEILA J
Address: 1104 CREEKS RIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32225 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: JUANZEN K. DELONEY

VP

04/16/2004

Electronic Signature of Signing Officer or Director

Date