2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P03000007064

Entity Name: TRIANGLE WAYS LEARNING CENTER, INC.

Current Principal Place of Business:

1104 CREEKS RIDGE ROAD
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

3697 MINDY ASHLEY LANE
JACKSONVILLE, FL 32218 US

Current Mailing Address:

P.P BOX 351093
JACKSONVILLE, FL 32235 US

New Mailing Address:

P.O. BOX 351093
JACKSONVILLE, FL 322351093 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
1930 SAN MARCO BLVD.
JACKSONVILLE, FL 32207 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: DVTS ( ) Delete
Name: DELONEY, JUANZEN K JR
Address: 1104 CREEKS RIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: DP ( ) Delete
Name: DELONEY, SHEILA J
Address: 1104 CREEKS RIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32225 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVTS (X) Change ( ) Addition
Name: DELONEY, JUANZEN K JR
Address: 3697 MINDY ASHLEY LANE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: DP (X) Change ( ) Addition
Name: DELONEY, SHEILA J
Address: 3697 MINDY ASHLEY LANE
City-St-Zip: JACKSONVILLE, FL 32218 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, JR. V.P. 04/25/2005

Electronic Signature of Signing Officer or Director Date