2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State
04-05-2005 90054 010 ***158.75

DOCUMENT # P04000019129

1. Entity Name
VIRTUAL LANGUAGE LEARNING ACADEMY, INC.

Principal Place of Business	Mailing Address
1700 NORTH DIXIE HIGHWAY SUITE 114 BOCA RATON, FL 33432	1700 NORTH DIXIE HIGHWAY SUITE 114 BOCA RATON, FL 33432

04012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
611 Central PARK DR	611 Central Park DR.
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State SANFORD FL	City & State SANFORD FL
Zip 32771 Country USA	Zip 32771 Country USA

4. FEI Number
20-0648420
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BISCHOFF, TAMARA S 3244 NIGHT BREEZE LANE LAKE MARY, FL 32746	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Tamara S. Bischoff Tamara S. Bischoff March 31, 2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandatory) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO STRINI, ROBERT A 12098 COMET RD SMITHFIELD, VA 23430	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ORDONEZ, JEAN G 689 HASTINGS ST BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP STROTHER, JUDITH 505 WEST PINE RD MELBOURNE, FL 32901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO JOHNSON, ARTHUR C 1634 KELLIWOOD OAKS KATY, TX 77450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: R. A. Strini 31 MARCH 2005 757-356-0688 x101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #