

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000020227**

1. Entity Name  
**ALPHA STAR LEARNING DEVELOPMENT CENTER, INC.**



Principal Place of Business

**613 SW 6 ST  
DELRAY BEACH, FL**

Mailing Address

**613 SW 6 ST  
DELRAY BEACH, FL**



04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number **65-0807249** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KELLY, ALMETTA  
613 SW 6 ST  
DELRAY BEACH, FL**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

*N/A*

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000551601  
05/13/06-80103-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLY, ALMETTA
STREET ADDRESS	613 SW 6 ST
CITY-ST-ZIP	DELRAY BEACH, FL <i>same</i>
TITLE	S
NAME	CURTIS, KELLY
STREET ADDRESS	613 SW 6 ST
CITY-ST-ZIP	DELRAY BEACH, FL
TITLE	T
NAME	STRAPP, HENRY
STREET ADDRESS	8033 PETERSON RD
CITY-ST-ZIP	ODESSA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Almetta Kelly*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*5/27/06*

Design Phone #