

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000038563

FILED
Jun 29, 2005
Secretary of State

Entity Name: BRIGHTNER BEGINNINGS LEARNING CENTER, INC.

Current Principal Place of Business:

903 BOOKER ST.
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

903 BOOKER ST.
SEBRING, FL 33870

New Mailing Address:

P. O. BOX 4534
SEBRING, FL 338714534

FEI Number: 55-0859878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, NORMAN W JR.
903 BOOKER ST.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

WEST, NORMAN W
3912 SANTIAGO STREET
SEBRING, FL 33872 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: NORMAN W. WEST

06/29/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: WEST, NORMAN W JR.
Address: 903 BOOKER ST.
City-St-Zip: SEBRING, FL 33870

Title: VD () Delete
Name: LEWIS, ALDORAY
Address: 903 BOOKER ST.
City-St-Zip: SEBRING, FL 33870

Title: SD () Delete
Name: JOHNSON, LABERTA
Address: 903 BOOKER ST.
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: WEST, NORMAN W JR.
Address: P. O. BOX 4534
City-St-Zip: SEBRING, FL 33871

Title: VD (X) Change () Addition
Name: LEWIS, ALDORAY
Address: P. O. BOX 4534
City-St-Zip: SEBRING, FL 33871

Title: SD (X) Change () Addition
Name: JOHNSON, LABERTA
Address: P. O. BOX 4534
City-St-Zip: SEBRING, FL 33871

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: NORMAN W. WEST

PDT

06/29/2005

Electronic Signature of Signing Officer or Director

Date