


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90238 014 ***150.00

DOCUMENT # P04000070078	
1. Entity Name MTK LEARNING SOLUTIONS, INC.	

Principal Place of Business 1083 BECKINGHAM DRIVE SAINT AUGUSTINE, FL 32092	Mailing Address 1083 BECKINGHAM DRIVE SAINT AUGUSTINE, FL 32092
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20043887

2. Principal Place of Business 611 CINDY CT	3. Mailing Address 450-106 SR 13 NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 202
City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32259	Country USA



04182006 Chg-P CR2E034 (11/05)

4. FEI Number 20-1057550		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VOSSMAN, DONNA M 1083 BECKINGHAM DRIVE SAINT AUGUSTINE, FL 32092		
7. Name and Address of New Registered Agent Name DONNA M. VOSSMAN Street Address (P.O. Box Number is Not Acceptable) 611 CINDY CT City JACKSONVILLE FL Zip Code 32259		

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.

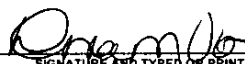
SIGNATURE  DATE **4/27/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VOSSMAN, DONNA M 1083 BECKINGHAM DRIVE SAINT AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Donna M. Vossman 611 Cindy Ct Jacksonville, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCO VOSSMAN, RICHARD A 1083 BECKINGHAM DRIVE SAINT AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCO Richard A. Vossman 611 Cindy Ct. Jacksonville, FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **4/27/06** (904) 866-1451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR