


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90036 035 \*\*\*158.75

DOCUMENT # <i>P04000108013</i>	
1. Entity Name <i>Learning Angel of Jasper</i>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>707 Chainbridge Dr</i>		3. Mailing Address <i>707 Chainbridge Dr</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Jasper Fla 32052</i>	City & State <i>Jasper Fla 32052</i>	City & State <i>Jasper Fla 32052</i>	City & State <i>Jasper Fla 32052</i>
Zip <i>32052</i>	Country	Zip <i>32052</i>	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>		4. FEI Number <i>74-3120855</i>		Applied For <input type="checkbox"/>
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name <i>Sabrina Marshall</i>		
		Street Address (P.O. Box Number is Not Acceptable) <i>10319 4th St</i>		
		City <i>White Spring Fla</i>		
		City	FL	Zip Code <i>32096</i>

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 <i>Sabrina Marshall</i>	DATE <i>3/18/05</i>

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Sabrina Marshall 10319 4th St White Spring Fla 32096</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President Jeremy Marshall 317 NW 4th St Jasper Fla 32052</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Member Queen Daniel 1404 Haffey Rd Jennings Fla 320</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Sabrina Marshall</i>	DATE <i>3/18/05</i> 386 397-1551

CR2E034B (12/02)