



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90077 030 \*\*\*150.00

<b>DOCUMENT # P04000137153</b>					
<b>1. Entity Name</b> WISDOM AND KNOWLEDGE READING & LEARNING CENTER, INC.					
<b>Principal Place of Business</b> 10402 BOYETTE CREEK BLVD. RIVERVIEW, FL 33569			<b>Mailing Address</b> 10402 BOYETTE CREEK BLVD. RIVERVIEW, FL 33569		
<b>2. Principal Place of Business</b> 1402 ASTOR COMMONS PL Suite, Apt. #, etc. 201 City & State BRANDON, FL Zip 33511		<b>3. Mailing Address</b> 1402 ASTOR COMMONS PL Suite, Apt. #, etc. 201 City & State BRANDON, FL Zip 33511			
04232006      Chg-P      CR2E034 (11/05)				<b>4. FEI Number</b> 20-1715999	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> PRINCE, DAVID E 4519 ASHMORE DRIVE TAMPA, FL 33610			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, CASSANDRA 10402 BOYETTE CREEK BLVD. RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Cassandra Coleman</u> <u>Cassandra Coleman</u> 4/20/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					