
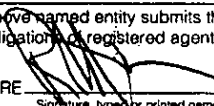
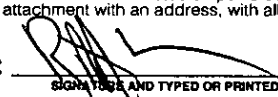


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 12, 2005 8:00 am**  
**Secretary of State**

09-12-2005 90004 018 \*\*\*158.75

<b>DOCUMENT # P04000138541</b> 1. Entity Name <b>A+ SKILLS TUTORING SERVICE, INC.</b>					
Principal Place of Business <b>5629 STRAND BLVD., STE. #405 NAPLES, FL 34110</b>			Mailing Address <b>5629 STRAND BLVD., STE. #405 NAPLES, FL 34110</b>		
2. Principal Place of Business <b>5621 Strand Blvd</b>			3. Mailing Address <b>5621 Strand Blvd</b>		
Suite, Apt. #, etc. <b>Suite 108</b>			Suite, Apt. #, etc. <b>108</b>		
City & State <b>NAPLES FL</b>			City & State <b>NAPLES FL</b>		
Zip <b>34110</b>		Country <b>US</b>		4. FEI Number <b>55-0884708</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name <b>Robert M. Mandell</b> Street Address (P.O. Box Number is Not Acceptable) <b>5621 Strand Blvd. Ste 109</b> City <b>NAPLES</b> State <b>FL</b> Zip Code <b>34110</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 obligation of, registered agent.					
SIGNATURE  <span style="float: right;">Sept 6, 2005</span> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD MANDELL, DEBORAH A <del>5629 STRAND BLVD., STE. #405</del> NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5621 Strand Blvd - 108 NAPLES, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD MANDELL, ROBERT <del>5629 STRAND BLVD., STE. #405</del> NAPLES, FL 34110	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	5621 Strand Blvd - 109 NAPLES, FL 34110	<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
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <span style="float: right;">Sept 6, 2005</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					