

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000138541

1. Entity Name
A+ SKILLS TUTORING SERVICE, INC.



Principal Place of Business
5621 STRAND BLVD., STE. #109
NAPLES, FL 34110

Mailing Address
5621 STRAND BLVD., STE. #109
NAPLES, FL 34110



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0884708	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANDELL, ROBERT
5621 STRAND BLVD, STE 109
NAPLES, FL 34110

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MANDELL, DEBORAH A 5621 STRAND BLVD., STE. #108 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MANDELL, ROBERT 5621 STRAND BLVD., STE. #109 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/07-80073-017 158.75

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IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 239-254-8266
Date Daytime Phone #