## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000160788

Entity Name: MMWCB TUTORING SERVICES, INC.

FILED May 02, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5464 POINTE VISTA CIRCLE CLUBHOUSE

ORLANDO, FL 32839

**New Mailing Address:** 

SORRENTO, FL 32776

30601 COUNTY ROAD 435

1860 WAYSIDE DRIVE ORLANDO, FL 32818

**Current Mailing Address:** 

P.O. BOX 681924 ORLANDO, FL 32868

FEI Number: 20-1933630 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCORMICK-WATSON, MARTHA R 1860 WAYSIDE DRIVE ORLANDO, FL 32818 US MCCORMICK-WATSON, MARTHA R 30601 COUNTY ROAD 435 SORRENTO, FL 32776 US

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.

SIGNATURE: MARTHA R. MCCORMICK-WATSON

05/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S ( ) Delete

Name: MCCORMICK-WATSON, MARTHA

Address: 1860 WAYSIDE DRIVE

City-St-Zip: ORLANDO, FL 32818

Title: ( ) Delete

Name: Address: City-St-Zip: Title: P/S (X) Change ( ) Addition
Name: MCCORMICK-WATSON, MARTHA
Address: 30601 COUNTY ROAD 435
City-St-Zip: SORRENTO, FL 32776

Title: VP ( ) Change (X) Addition

Name: BURKS, CORDIA
Address: 1818 BAYWOOD AVE.
City-St-Zip: ORLANDO, FL 32818

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA R. MCCORMICK-WATSON P/S

Electronic Signature of Signing Officer or Director

Date

05/02/2007