


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90044 038 ***150.00


DOCUMENT # P05000067713		
1. Entity Name TUTORING2LEARN, INC.		

Principal Place of Business 11980 SW 144TH CT., SUITE 109 MIAMI, FL 33186	Mailing Address 11980 SW 144TH CT., SUITE 109 MIAMI, FL 33186
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2. Principal Place of Business - No P.O. Box # 8253 "A" SW 124 St.	3. Mailing Address 8253 "A" SW 124 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pinecrest, FL	City & State Pinecrest, FL
Zip 33156	Zip 33156
Country USA	Country USA

40105000



02262007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2810806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LOPEZ, GRISEL 11980 SW 144TH CT STE. 109 MIAMI, FL 33186-8603	7. Name and Address of New Registered Agent Name Grisel Lopez Street Address (P.O. Box Number is Not Acceptable) 8253 "A" SW 124th St. City Pinecrest FL Zip Code 33156
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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 Grisel Lopez (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LOPEZ, GRISEL M 11980 SW 144TH CT., SUITE 109 MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Lopez, Grisel M. 8253 "A" SW 124 St. Pinecrest, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, GRISEL M 11980 SW 144TH CT., SUITE 109 MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lopez, Grisel M. 8253 "A" SW 124 St. Pinecrest, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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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 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: Grisel Lopez 4-28-07 786-287-6968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #