

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093945

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: BROWNING LEARNING CENTER, INC.

## Current Principal Place of Business:

1179 OSPREY WAY  
APOPKA, FL 32712

## New Principal Place of Business:

## Current Mailing Address:

1179 OSPREY WAY  
APOPKA, FL 32712

## New Mailing Address:

FEI Number: 20-3113145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M  
557 NORTH WYMORE ROAD, SUITE 100  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BROWNING, RONALD S  
Address: 1179 OSPREY WAY  
City-St-Zip: APOPKA, FL 32712

Title: VSD ( ) Delete  
Name: BROWNING, SHARON M  
Address: 1179 OSPREY WAY  
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete  
Name: BROWNING, VICTORIA J  
Address: 2799 WEST LIVE OAK LANE  
City-St-Zip: LECANTO, FL 34461

Title: D ( ) Delete  
Name: BROWNING, RONALD A J  
Address: 2799 WEST LIVE OAK LANE  
City-St-Zip: LECANTO, FL 34461

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BROWNING SHARON M

VSD

01/13/2006

Electronic Signature of Signing Officer or Director

Date