

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000136849

FILED
Apr 28, 2006
Secretary of State

Entity Name: THE HOUSE OF STUDY, INCORPORATED

Current Principal Place of Business:

2400 COMMERCIAL WAY
SPRING HILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3945
SPRING HILL, FL 34611

New Mailing Address:

2400 COMMERCIAL WAY
SPRING HILL, FL 34606

FEI Number: 43-2090302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALOMO-BONILLA, IVETTE
11280 HORNED OWL ROAD
WEEKI WACHEE, FL 34614 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: P () Delete
Name: PALOMO-BONILLA, IVETTE
Address: 11280 HORNED OWL ROAD
City-St-Zip: WEEKI WACHEE, FL 34614

Title: S () Delete
Name: BONILLA, FERNANDO
Address: P. O. BOX 3945
City-St-Zip: SPRING HILL, FL 34611

Title: S () Delete
Name: ARROYO, ASUNCION
Address: P. O. BOX 3945
City-St-Zip: SPRING HILL, FL 34611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: EDGAR, ARROYO
Address: 11280 HORNED OWL ROAD
City-St-Zip: WEEKI WACHEE, FL 34614

Title: S (X) Change () Addition
Name: ARROYO, ASUNCION
Address: 11280 HORNED OWL ROAD
City-St-Zip: WEEKI WACHEE, FL 34614

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: IVETTE PALOMO-BONILLA

MS.

04/28/2006

Electronic Signature of Signing Officer or Director

_____ Date