

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165037

FILED
May 26, 2006
Secretary of State

Entity Name: THREE OAKS LEARNING ACADEMY, INC

Current Principal Place of Business:

5221 WINTER GARDEN PARKWAY
FT PIERCE, FL 34951

New Principal Place of Business:

603 S 33RD ST.
FT PIERCE, FL 34947

Current Mailing Address:

804 S 40TH CT
FT PIERCE, FL 34947

New Mailing Address:

FEI Number: 20-4043290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESTRIDGE, BARBARA S
5221 WINTER GARDEN PARKWAY
FT PIERCE, FL 34951 US

Name and Address of New Registered Agent:

PRESTRIDGE, BARBARA S
804 S 40TH CT
FT PIERCE, FL 34947 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:

05/26/2006

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:

Title: P () Delete
Name: PRESTRIDGE, ANNE F
Address: 804 S 40TH CT
City-St-Zip: FT PIERCE, FL 34947

Title: VP () Delete
Name: PRESTRIDGE, BOBBY R
Address: 804 S 40TH CT
City-St-Zip: FT PIERCE, FL 34947

Title: S () Delete
Name: PRESTRIDGE, BARBARA S
Address: 1904 OLEANDER BLVD.
City-St-Zip: FT PIERCE, FL 34952

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:

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: ANNE F PRESTRIDGE

P

05/26/2006

Electronic Signature of Signing Officer or Director

Date