2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P06000044653**



1. Entity Name BOCA TUTORING SERVICES, INC

Principal Place	e of Business	Mailing Address				4009010	, 0		
12706 TUCANO CIRCLE Boca Raton, FL 33428		12706 TUCANO CIRCL Boca Raton, FL 334				· .			
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	·····						
		A-1 # -1-			4	•			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04232007	Chg-P	CR2E034	1 (12/06)	
City & State		City & State			4. FEI Numbe	((A C P O			plied For
Zip	Country	Zip	Country			of Status Desired	\$	8.75 Add	t Applicable itional
			<u> </u>		<u>i</u>		- Fe	e Required	<u> </u>
	6. Name and Address of Curre	nt Registered Agent	Name	?	7. Name and	Address of New R	egistered Ag	ent	
WOHLFELD, HEIDI									
12706 TUCANO CIRCLE		Street Addr		t Address	ss (P.O. Box Number is Not Acceptable)				
BOCA RA	TON, FL 33428					***			
			City			4,-1	FL	Zip Code	
0 Th	named entity submits this statement	for the aureas of chancing is	to reciptored office	ar rapiata	rad agent of hot	h in the State of El-		milion with	
and delige.	ions of registered agent.								
SIGNATURE.	Signature, typed or printed name of registered age	ent and little if apolicable (NC	DIE Registered Agent sig	nature require	d when reinstating)		DATE		
FIL	Signature, typed or printed name of registered age E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Camp	paign Financing	\$5	d when reinstating) 5.00 May Be ded to Fees	- 1	DATE		
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12. I hereby certify that the information supplied with this filling does not qualify for the examptions contained in Chapter 119. Florida Statutes, 1 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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CHTY-ST-ZIP

FILED

Apr 30, 2007 8:00 am Secretary of State

04-30-2007 90431 045 ***150.00