2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000061898

FILED Mar 24, 2009 Secretary of State

Entity Name: TOMORROW'S STARS LEARNING CENTER INC.

| Current Principal Place of Business: | | New Principal Place | New Principal Place of Business: | | |
|---|---|---|-----------------------------------|--|--|
| | OCRIEF RD. VILLE, FL 32: | 209 | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | | |
| P.O. BOX JACKSON | 43312 VILLE, FL 32: | 203 | | | |
| FEI Number: | 90-0335477 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address o | Name and Address of New Registered Agent: | |
| | WILLE | | | | |
| WARREN, 1545 W. 5 JACKSON | | 209 US | | | |
| 1545 W. 5 [°] JACKSON The above | TH ST. VILLE, FL 32: | | urpose of changing its registered | d office or registered agent, or both, | |
| 1545 W. 5 [°] JACKSON The above | TH ST. VILLE, FL 32 named entity of Florida. | | urpose of changing its registered | d office or registered agent, or both, | |
| 1545 W. 5 ² JACKSON The above In the State | TH ST. VILLE, FL 32: named entity of Florida. RE: | | | d office or registered agent, or both, Date | |
| 1545 W. 5 JACKSON The above In the State SIGNATUR | TH ST. VILLE, FL 32: named entity of Florida. RE: Electro | submits this statement for the p | | | |
| 1545 W. 5 JACKSON The above In the State SIGNATUR | TH ST. VILLE, FL 32: named entity of Florida. RE: Electro | submits this statement for the panic Signature of Registered Ageing Trust Fund Contribution (). | nt | | |
| 1545 W. 5 JACKSON The above In the State SIGNATUR | TH ST. VILLE, FL 32: named entity of Florida. RE: Electro npaign Financin | submits this statement for the prince Signature of Registered Age of Trust Fund Contribution (). CTORS:) Delete LIE BT. | nt ADDITIONS/CHANGE | Date | |

I hereby certify that the information supplied with this filing does not qualify 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: WILLIE J WARREN PRES 03/24/2009