

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Feb 07, 2008 8:00 am  
Secretary of State**

02-07-2008 90013 023 \*\*\*150.00

**DOCUMENT # P07000007398**

1. Entity Name  
**ADVANTAGE U LEARNING, INC.**



Principal Place of Business  
**3199 SUNTREE BLVD  
SUITE 5  
ROCKLEDGE, FL 32955 US**

Mailing Address

**3199 SUNTREE BLVD  
SUITE 5  
ROCKLEDGE, FL 32955 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**20-827 2631**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BROOKS, BONNIE  
3199 SUNTREE BLVD  
SUITE 5  
ROCKLEDGE, FL 32955**

Name

Street Address (P.O. Box Number is Not Acceptable)

**FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Bonnie J. Brooks*

*Director*

*2/5/2008*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when renotating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D.P  
BROOKS, BONNIE J  
3199 SUNTREE BLVD, SUITE 5  
ROCKLEDGE, FL 32955**

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

SIGNATURE: *Bonnie J. Brooks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/5/08 321-253-9499*

Date

Daytime Phone #