

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000029528

FILED  
Feb 21, 2010  
Secretary of State

Entity Name: AFTERCARE LEARNING LEAGUE, INC.

**Current Principal Place of Business:**

15970 STATE ROAD 84  
SUITE 246  
SUNRISE, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

15970 STATE ROAD 84  
SUITE 246  
SUNRISE, FL 33326

**New Mailing Address:**

FEI Number: 56-2645128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MAGUIRE, HELEN  
15970 STATE ROAD 84  
SUITE 246  
SUNRISE, FL 33326 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  
Name: MAGUIRE, HELEN  
Address: 15970 STATE ROAD 84  
City-St-Zip: SUNRISE, FL 33326

Title: T  
Name: BROWNELL, DAVID W  
Address: 15970 STATE ROAD 84  
City-St-Zip: SUNRISE, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: HELEN MAGUIRE

PRES

02/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date