

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000094198

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL ONLINE EDUCATORS, INC.

**Current Principal Place of Business:**

125 S. STATE ROAD 7  
SUITE 104-210  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

125 S. STATE ROAD 7  
SUITE 104-210  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 26-0756067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEE, ABRAHAM  
125 S. STATE ROAD 7  
SUITE 104-210  
WELLINGTON, FL 33414 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LEE, ABRAHAM  
Address: 125 S. STATE ROAD 7 SUITE 104-210  
City-St-Zip: WELLINGTON, FL 33414

Title: VP  
Name: LEE, SAMUEL  
Address: 2005 BARNETT WAY  
City-St-Zip: LOS ANGELES, CA 90032

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: ABRAHAM LEE

PRES

04/29/2011

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

\_\_\_\_\_  
Date