

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091151

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Entity Name:** HOME AWAY FROM HOME WELLINGTON LEARNING CENTER, INC.

**Current Principal Place of Business:**

8331 WOODSMUIR DRIVE  
WEST PALM BEACH, FL 33412

**New Principal Place of Business:**

**Current Mailing Address:**

8331 WOODSMUIR DRIVE  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

FEI Number: 26-3500954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SILVA, LARISSA  
8331 WOODSMUIR DRIVE  
WEST PALM BEACH, FL 33412 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: PSTD  
Name: SILVA, LARISSA  
Address: 8331 WOODSMUIR DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33412

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: LARISSA SILVA

PD

01/28/2010

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

\_\_\_\_\_ Date