2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000040542 1. Entity Name HIGHER LEARNING ACADEMY, INC.

SIGNATURE:

FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90551 038 ***150.00

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Principal Place of Business 302 N. HOWARD AVE. TAMPA FL 33606		Mailing Address 302 N HOWARD AVE TAMPA FL 33606				1 - M & 1 - M	8 44 66 711 816	I ObiO: Willia O	(B) B (184 188)		
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ess	3. Mai	ling Address					****				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State					4. (4. FEI Number 59-3314727 Applied For Not Applicable					
Country	Zip	Zip Count			5. (Certificate of Status Desired					
6. Name and Address of Current F			legistered Agent			7. Name and Address of New Registered Agent					
				Name							
NICHOLS, SELPHENIA 2516 N. HOWARD AVE						Street Address (P.O. Box Number is Not Acceptable)					
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				City			FL	Zip Cod	e		
	for the purp	ose of changing its	registere	ed office or registe	ered ag	ent, or both, in the State of Florid	da. I am fa	amiliar with,	and accept		
or printed name of registered ager	nt and title if app	licable. (NOT	E: Registere	d Agent signature require	ed when re	einstating)	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Finar Trust Fund Contribution.	ncing		0 May Be		
OFFICERS ANI	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11		
ward ave		☐ Delete	NAMI STRE	E ET ADDRESS				☐ Change	☐ Addition		
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		☐ Delete	TITLE		<u></u>			☐ Change	Addition		
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	Country and Address of Current set of the statement of	and Address of Current Registere and Address of Current Registere y submits this statement for the purpered agent. or printed name of registered agent and title it applications of the purpered agent. OFFICERS AND DIRECTO SEIPHENIA WARD AVE	302 N HOWARD AVE TAMPA FL 33608 TAMPA FL 33608 Suite, Apt. #, etc. City & State Country Zip and Address of Current Registered Agent A E y submits this statement for the purpose of changing its ered agent. (NOT!! FEE IS \$150.00 D Florida Department of State OFFICERS AND DIRECTORS SEIPHENIA WARD AVE 33607 Delete Delete	302 N HOWARD AVE TAMPA FL 33608 Delete TITLE NAME TAMPA FL 33608 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country Zip Country And Address of Current Registered Agent Country And Address of Current Registered Agent A Country A	302 N HOWARD AVE TAMPA FL 33606 Suite, Apt. #, etc. City & State Country Zip City & State City And Address of Current Registered Agent Name Street Address City Submits this statement for the purpose of changing its registered office or registered agent. (NOTE: Registered Agent signature required agent and title it applicable. (NOTE: Registered Agent signature required agent and title it applicable. TITLE NAME SIREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP Delete SIREET ADDRESS CITY-ST-ZIP	302 N HOWARD AVE TAMPA FL 33608 TO Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip City & State A, 1 Name Street Address (PO. E City y submits this statement for the purpose of changing its registered affice or registered agered agent. (NOTE: Registered Agent signature required when no privated name of registered agent and site if applicable. If FEE IS \$150.00 303 Fee will be \$550.00 D Florida Department of State OFFICERS AND DIRECTORS TILE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP	and Address of Current Registered Agent City & State A. FEI Number 59-3314727 Country Zip Country Zip Country Zip Country S. Certificate of Status Desired And Address of Current Registered Agent Name Street Address (PO. Box Number is Not Acceptable) City City	32 N HOWARD AVE TAMPA FL 33606 3. Melling Address Suite, Apt. #, etc. Check Heal if Making City & State 4. FEI Number 59-3314727 Country Zip Country 5. Certificate of Status Desired and Address of Current Registered Agent 7. Name and Address of New Registered A Name Street Address (P.O. Box Number is Not Acceptable) City FL Youbmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. I am ferred agent. **OFTICE Registered Agent segment registered agent, or both, in the State of Forida. I am ferred agent. **OFTICE Registered Agent segment registered agent, or both, in the State of Forida. I am ferred agent. **OFTICE Registered Agent segment registered agent, or both, in the State of Forida. I am ferred agent. **OFTICE Registered Agent segment registered agent, or both, in the State of Forida. I am ferred agent. **OFTICE Registered Agent segment registered agent, or both, in the State of Forida. I am ferred agent. **OFTICE Registered Agent segment registered agent, or both, in the State of Forida. I am ferred agent. **OFTICE REGISTATION OFTICE Registered Agent segment registered agent, or both, in the State of Forida. I am ferred agent. **OFTICE REGISTATION OFTICE Registered Agent segment registered agent, or both, in the State of Forida. I am ferred agent. **OFTICE REGISTATION OFTICE Registered Agent segment registered agent, or both, in the State of Forida. I am ferred agent. **OFTICE REGISTATION OFTICE Registered Agent segment registered agent, or both, in the State of Forida. I am ferred agent. **OFTICE REGISTATION OFTICE REGISTATION O	32 N FOWARD AVE TAMPA FL 33508 Suite, Apt. #, etc. Check HERE IF MAKING CHANGES Check HERE IF MAKING CHANGES Apt. #, etc. Check HERE IF MAKING CHANGES Apt. #, etc. Apt. #, etc. Check HERE IF MAKING CHANGES Apt. #, etc. Apt. #,		