



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90248 008 ***158.75

DOCUMENT # P95000046367					
1. Entity Name SMARTEN UP LANGUAGE COURSE, INC.					
Principal Place of Business 7 ECLIPSE TRAIL ORMOND BEACH, FL 32174 US			Mailing Address 7 ECLIPSE TRAIL ORMOND BEACH, FL 32174 US		
2. Principal Place of Business 12 HAVENWOOD TRAIL Suite, Apt. #, etc.		3. Mailing Address 12 HAVENWOOD TRAIL Suite, Apt. #, etc.			
City & State ORMOND BEACH, FLORIDA		City & State ORMOND BEACH, FLORIDA		4. FEI Number 59-3320761	
Zip 32174		Country FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOS S MARQUES, CELESTINO A 7 ECLIPSE TRAIL ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent Name CELESTINO S. MARQUES Street Address (P.O. Box Number is Not Acceptable) 12 HAVENWOOD TRAIL City ORMOND BEACH FL Zip Code 32174			
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 <i>[Signature]</i> CELESTINO S. MARQUES <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 04/18/2005	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARQUES, CELESTINO A DOS 7 ECLIPSE TRAIL ORMOND BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12 HAVENWOOD TRAIL ORMOND BEACH, FLORIDA 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARQUES, TELMA S FERRACC 7 ECLIPSE TRAIL ORMOND BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12 HAVENWOOD TRAIL ORMOND BEACH, FLORIDA 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> CELESTINO S. MARQUES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 04/18/2005	
Daytime Phone # 386-676-7655					