

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000056660

FILED
Apr 09, 2005
Secretary of State

Entity Name: COMPUTER LEARNING SERVICES, INC.

Current Principal Place of Business:

5738 SEMINOLE DRIVE
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

5738 SEMINOLE DRIVE
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: 59-3407284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, BERT
1150 JOHN SIMS PARKWAY
NICEVILLE, FL 325880950 US

Name and Address of New Registered Agent:

MOORE, BERT
1169 JOHN SIMS PARKWAY
NICEVILLE, FL 325880950 US

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:

04/09/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: WILSON, LEWIS
Address: 5738 SEMINOLE DRIVE
City-St-Zip: CRESTVIEW, FL 325369548 US

Title: DVT () Delete
Name: WILSON, SHARON
Address: 5738 SEMINOLE DRIVE
City-St-Zip: CRESTVIEW, FL 325369548 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LEWIS R WILSON JR

DPS

04/09/2005

Electronic Signature of Signing Officer or Director

Date