

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000068520

FILED  
Apr 12, 2004  
Secretary of State

Entity Name: THREE STAR LEARNING CENTER, INC.

**Current Principal Place of Business:**

5604 E. 122ND AVE.  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

1801 N CLUB ST  
TAMPA, FL 33612 US

**New Mailing Address:**

FEI Number: 59-3458580      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALLEN, TAMMY  
1801 N CLUB COURT  
TAMPA, FL 33612 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: D ( ) Delete  
Name: ALLEN, TAMMY  
Address: 5604 E. 122 AVE.  
City-St-Zip: TAMPA, FL 33617

Title: V ( ) Delete  
Name: ALLEN, TAVORIS  
Address: 1801 N. CLUB COURT  
City-St-Zip: TAMPA, FL 33612

Title: P ( ) Delete  
Name: ALLEN, TAMMY  
Address: 1801 N. CLUB COURT  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: TAMMY L. ALLEN

D

04/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date