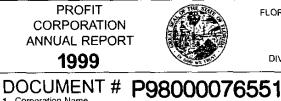
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

ONLINE LEARNING COMPANY, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90167 005 ***150.00



Principal Place of Business Mailing Address						1 Indicate tie 2866 instrument dater autit date	1 12210 41121 51	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7611 LAKE MARSHA DR. ORLANDO FL 32819			7611 LAKE MARSHA DR. ORLANDO FL 32819				DO NOT WRITE IN THI	S SPACE	
							3. Date Incorporated or Qualifed 08/31/1998	<u> </u>	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Applied For
n			26				59-355082/		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired See Required Fee Required		
City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country		Zip	Cot	untry		8. This corporation owes the current year l		_
4	25	29		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Regi	stered Agent		ļ.,-		10. Name and Address of New Registere	d Agent	
FIALA	NOIN FOUNDATIONS INC				81	Name			ì
FINANCIAL FOUNDATIONS, INC. 2843 THAXTON DR. #37 PALM HARBOR FL 34684					82	Street Add	ess (P.O. Box Number is Not Acceptable)		
PALE	W HARDON FL 34004				83				ĺ
					84	City		. 85 Zi	p Code
		_			1	1	F	L	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Flori	da. Such change was a	authorize	d by	the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	ointment as	registered ;
SIGNATURE			4 10 10 10 10 10 10 10 10 10 10 10 10 10				ed when reinstating) DATE		}
12.	Signature, typed or printed name of registered age OFFICERS A			13.	a Ager	t signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
TITLE	P OF TOLKS AT	VD DIIV	☐ DELETE	1.1 T	m.e		ADDITIONO/ONANGEO TO OTT TOERO	Chang	
NAME	DENIGRIS, JOHN			1.2 N		1			
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					1.3 STREET ADDRESS				
CITY-ST-ZIP TITLE	OHEANDO 12 OEDIS		☐ DELETE	2.1 T		1-211-		□ Chang	e
NAME				2.2 N					_
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STREET ADDRESS					CITY-S				
CITY-ST-ZIP TITLE			☐ DELETE	31T		51-ZIP		- Chang	e Addition
NAME				3.2 N)
STREET ADDRESS				1		T ADDRESS			ļ
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CITY-ST-ZIP				5.4 0	TY-S	T-ZiP			ļ
TITLE			☐ DELETE	6.1 T	ITLE			Chang	je 🔲 Addition
NAME				6.2 N	IAME				ĺ
STREET ADDRESS				6.3 S	TREET	T ADDRESS			
J.ACE. ADDRESS						1			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or of an attachment with an address, with all other like empowered.

SIGNATURE: