

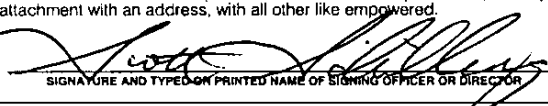


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90091 021 \*\*\*150.00

<b>DOCUMENT # P98000102536</b> 1. Entity Name <b>AT HOME TUTOR, INC.</b>					
Principal Place of Business <b>10585 BERMUDA DRIVE COOPER CITY, FL 33026</b>			Mailing Address <b>10585 BERMUDA DRIVE COOPER CITY, FL 33026</b>		
2. Principal Place of Business <b>P.O. Box 4365</b> Suite, Apt. #, etc. <b>Hallandale</b> City & State <b>FL</b> Zip <b>33008</b>		3. Mailing Address <b>P.O. Box 4365</b> Suite, Apt. #, etc. <b>Hallandale, FL</b> City & State <b>FL</b> Zip <b>33008</b>			
4. FEI Number <b>65-0881188</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHILLING, SCOTT 10585 BERMUDA DRIVE COOPER CITY, FL 33026</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>V.P.</b>	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>JOHNSON, BILL</b>			NAME 		
STREET ADDRESS <b>7513 FIGARO STREET, #103</b>			STREET ADDRESS 		
CITY-ST-ZIP <b>LAS VEGAS, NV 89128</b>			CITY-ST-ZIP 		
TITLE <b>Director of Marketing</b>	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>LIVINGSTON, SCOTT</b>			NAME 		
STREET ADDRESS <b>605 W. MADISON ST., APT. #808</b>			STREET ADDRESS 		
CITY-ST-ZIP <b>CHICAGO, IL 60661</b>			CITY-ST-ZIP 		
TITLE <b>President, C.E.O.</b>	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>Scott Shilling</b>			NAME 		
STREET ADDRESS <b>10585 Bermuda Dr.</b>			STREET ADDRESS 		
CITY-ST-ZIP <b>Cooper City, FL 33026</b>			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
TITLE 	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME 			NAME 		
STREET ADDRESS 			STREET ADDRESS 		
CITY-ST-ZIP 			CITY-ST-ZIP 		
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: 			4/24/05 866-		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		