2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000102536

Entity Name: AT HOME TUTOR, INC

FILED Mar 16, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX 4 HALLANDA	1365 ALE, FL 33008				
Current Mailing Address:			New Mailing Address:		
P.O. BOX 4 HALLANDA	1365 ALE, FL 33008				
FEI Number:	65-0881188	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	SCOTT MUDA DRIVE DITY, FL 33026	S US			
The above in the State		ubmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	E:				
	Electroni	c Signature of Registered Ag	ent	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V () JOHNSON, BILL 7513 FIGARO S LAS VEGAS, NV	TREET, #103	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LIVINGSTON, SO	N ST., APT. #808	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PCEO () SCHILLING, SCO 10585 BERMUD COOPER CITY,	A DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SCOTT SCHILLING PRES 03/16/2006