

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2007 08:00 A
Secretary of State

DOCUMENT # P98000102536	
1. Entity Name AT HOME TUTOR, INC.	
Principal Place of Business P.O. BOX 4365 HALLANDALE, FL 33008	Mailing Address P.O. BOX 4365 HALLANDALE, FL 33008



05212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0881188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHILLING, SCOTT 10585 BERMUDA DRIVE COOPER CITY, FL 33026
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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, BILL 7513 FIGARO STREET, #103 LAS VEGAS, NV 89128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVINGSTON, SCOTT 605 W. MADISON ST., APT. #808 CHICAGO, IL 60661
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SCHILLING, SCOTT 10585 BERMUDA DR COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/29/07-80001-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Scott Schilling 5/21/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #