2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000102536

Entity Name: AT HOME TUTOR, INC.

FILED Apr 19, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

P.O. BOX 4365 10585 BERMUDA DR. HALLANDALE, FL 33008 COOPER CITY, FL 33026

Current Mailing Address: New Mailing Address:

P.O. BOX 4365 HALLANDALE, 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:

SHILLING, SCOTT

10585 BERMUDA DRIVE

COOPER CITY, FL 33026 US

SCHILLING, SCOTT

10585 BERMUDA DRIVE

COOPER CITY, FL 33026 US

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: SCOTT SCHILLING 04/19/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 JOHNSON, BILL
 Name:
 REISAMN, ART

 Address:
 7513 FIGARO STREET, #103
 Address:
 200 COURSE DRIVE

 City-St-Zip:
 LAS VEGAS, NV 89128
 City-St-Zip:
 LAKE IN THE HILLS, IL 60156

Title: D () Delete Title: D (X) Change () Addition Name: LIVINGSTON, SCOTT Name: LIVINGSTON, SCOTT

Address: 605 W. MADISON ST., APT. #808 Address: 2136 N. CLIFTON AVE, APT. 2 - F

City-St-Zip: CHICAGO, IL 60661 City-St-Zip: CHICAGO, IL 60614

Title: PCEO () Delete Title: () Change () Addition

 Name:
 SCHILLING, SCOTT
 Name:

 Address:
 10585 BERMUDA DR
 Address:

 City-St-Zip:
 COOPER CITY, FL 33026
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 PCEO 04/19/2008