

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000039592

FILED
May 02, 2006
Secretary of State

Entity Name: OVIEDO LEARNING CENTER, INC.

Current Principal Place of Business:

387 WEST BROADWAY
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

387 WEST BROADWAY
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3573800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORTES, MERCEDES
3460 DIAMOND LEAF LANE
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

FORTES, MERCEDES
2180 TWILIGHT TRAIL
CHULUOTA, FL 32766 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:

05/02/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORTES, WILSON
Address: 3460 DIAMOND LEAF LANE
City-St-Zip: OVIEDO, FL 32766

Title: VP () Delete
Name: FORTES, MERCEDES
Address: 3460 DIAMOND LEAF LANE
City-St-Zip: OVIEDO, FL 32766

Title: T () Delete
Name: FORTES, WILSON
Address: 3460 DIAMOND LEAF LANE
City-St-Zip: OVIEDO, FL 32766

Title: S () Delete
Name: FORTES, MERCEDES
Address: 3460 DIAMOND LEAF LANE
City-St-Zip: OVIEDO, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FORTES, WILSON
Address: 2180 TWILIGHT TRAIL
City-St-Zip: CHULUOTA, FL 32766

Title: VP (X) Change () Addition
Name: FORTES, MERCEDES
Address: 2180 TWILIGHT TRAIL
City-St-Zip: CHULUOTA, FL 32766

Title: T (X) Change () Addition
Name: FORTES, WILSON
Address: 2180 TWILIGHT TRAIL
City-St-Zip: CHULUOTA, FL 32766

Title: S (X) Change () Addition
Name: FORTES, MERCEDES
Address: 2180 TWILIGHT TRAIL
City-St-Zip: CHULUOTA, FL 32766

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: WILSON FORTES

P

05/02/2006

Electronic Signature of Signing Officer or Director

Date