FILED Mar 08, 2006 8:00 am Secretary of State

| 2006 FOR PROFIT CORPORATION ANNUAL REPORT | ٧ |
|--|---|
| | _ |

| DOCUMENT # S77464 1. Entity Name ACADEMY OF LEARNING PRESCHOOL, INC. | | | | | 03-08-2006 90161 046 ***150.00 | | | | | |
|---|--|---|-----------|-----------------------|--------------------------------|--|----------------------|---------------------------|-------------|--|
| Principal Plac | e of Rusiness | Mailing Address | l | | | | | | | |
| Principal Place of Business Mailing Address 3670 TAMPA RD 0LDSMAR, FL 34677 0LDSMAR, FL 346 | | | | | Capatible in th | و . به | . Mikr) Mikra Dr\$15 | menhi minte niau | PR 11 1481 | |
| 2. Principal P | Place of Business | 3. Mailing Address P.O. BOX 100 | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 02032006 | Chg-P | CR2E03 | 4 (11/05) | | |
| City & State | | City & State PORT RICHEY, FL | | 4. FEI Number 59-3082 | 109 | | | plied For t Applicable | | |
| Zîp | Country | Zip 34734-0100 | Count | U.S.A. | 5. Certificate of | Status Desired | | 8.75 Addi ee Required | | |
| | 6. Name and Address of Curren | t Registered Agent | | | 7. Name and A | ddress of New R | egistered A | zent | | |
| KUTCHINS, BRYAN A 3974 TAMPA RD OLDSMAR, FL 34677 Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | | | |
| | | | | City | | | FL | Zip Code | • | |
| 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 Signature, typod or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstoting) DATE | | | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550 | 9. Election Campaig OO Trust Fund Contri | _ | | 00 May Be ed to Fees | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFF | ICERS AND I | DIRECTORS | IN 11 | |
| NAME STREET ADDRESS CITY-ST-ZIP | D POTTER, KEITH 3670 TAMPA RD OLDSMAR, FL | ☐ Delete | | i | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | 1 | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Dalete | | I | | | | Change | ☐ Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | | ☐ Change | Addition | |
| indicated | certify that the information supplied wit I on this report or supplemental report rooration or the receiver or trustee emo | is true and accurate and that m | ıy signat | ure shall have the a | same legal effect : | as if made under d | oath; that I ar | n an officer o | or director | |

or the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: