


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90101 027 ***150.00

DOCUMENT # H81638

1. Entity Name
BREVARD LEARNING CLINIC, INC.



Principal Place of Business 1900 S HARBOR CITY BLVD #231 MELBOURNE, FL 32901	Mailing Address 1321 MURFREERBORO RD STE 702 NASHVILLE, TN 37217
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2611041	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DR.
 SUITE 4
 WESTON, FL 33331**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CLAYPOOL, MARK 1321 MURFREESBORO PIKE, STE 702 NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV WHITFIELD, DONALD B 1321 MURFREESBORO PIKE STE 702 NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPO ALLGOOD, ALVIN 1321 MURFREESBORO PIKE, STE 702 NASHVILLE, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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: Donald B. Whitfield Donald B. Whitfield 1/25/06 615-361-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #