

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # N21357 1. Entity Name LA ALPHA LEARNING AND DEVELOPMENT CENTER, INCORPORATED |  |
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| Principal Place of Business 1225 W 29TH JACKSONVILLE FL 32209 US | Mailing Address P.O. BOX 9542 JACKSONVILLE FL 32208 |
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|--------------------------------|---------------------|--|
| 2. Principal Place of Business | 3. Mailing Address | 1st MOORE CR2E037 (10/05) |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | 4. FEI Number 59-2829232 Applied For Not Applicable |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**THOMAS, GRACE
5393 TUBMAN DRIVE, NORTH
JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent

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

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RAY, EARL 7170 LEM TURNER CIRCLE JACKSONVILLE FL 32208 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition U00000481051 04/11/06-80015-024 61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD THOMAS, GRACE 7170 LEM TURNER CIRCLE JACKSONVILLE FL 32208 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BLACK, DORIS 9101 PEARL STREET JACKSONVILLE FL 32208 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRYANT, EDWARD A. 1935 W. 44TH ST. JACKSONVILLE FL 32209 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD RAY, KIMBERLY S 762 SUNKEN MEADOWS LN JACKSONVILLE FL 32218 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *Thomas Grace* March 21 2006 *Patricia*