

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001330

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: LEARNING CONCEPTS OF OHIO, INC.

**Current Principal Place of Business:**

736 LAKEVIEW ROAD STE 100  
CLEVELAND, OH 44108

**New Principal Place of Business:**

**Current Mailing Address:**

736 LAKEVIEW ROAD STE 100  
CLEVELAND, OH 44108

**New Mailing Address:**

FEI Number: 20-1002558      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALFER, NECHAMA  
2220 NE 203 TERRACE  
MIAMI, FL 33180 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPS ( ) Delete  
Name: SALFER, NECHAMA  
Address: 736 LAKEVIEW ROAD STE 100  
City-St-Zip: CLEVELAND, OH 44108

Title: VCVP ( ) Delete  
Name: ABRAMS, JUDY  
Address: 736 LAKEVIEW ROAD STE 100  
City-St-Zip: CLEVELAND, OH 44108

Title: T ( ) Delete  
Name: ABRAMS, JUDY  
Address: 736 LAKEVIEW ROAD STE 100  
City-St-Zip: CLEVELAND, OH 44108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CPS (X) Change ( ) Addition  
Name: SALFER, NECHAMA  
Address: 2220 NE 203RD TERRACE  
City-St-Zip: MIAMI, FL 33180

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: NECHAMA SALFER

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date