



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L59940</b>		
1. Entity Name PROFESSIONAL LEARNING CENTER, INC.		
Principal Place of Business 22354 SW 57TH AVE BOCA RATON, FL 33433	Mailing Address 22354 SW 57TH AVE BOCA RATON, FL 33433	
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01052006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0386987 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  ASTOR, LIONEL 22354 SW 57TH AVE BOCA RATON, FL 33433		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTOR, LIONEL 22354 SW 57TH AVE BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTOR, PATRICIA 22354 SW 57TH AVE BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEINBERG, MARK 280 PLANDOME RD MANHASSET, NY 11030	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTTERMAN, MARK 280 PLANDOME RD MANHASSET, NY 11030	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, BURTON 280 PLANDOME RD MANHASSET, NY 11030	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>LIONEL ASTOR</u> 1/17/06 561-487-1230 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		