

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 31, 2006  
Secretary of State

DOCUMENT# N01000000953

Entity Name: CHOICES IN LEARNING, INC.

**Current Principal Place of Business:**

893 E. SR 434  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

893 E. SR 434  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

LEEMIS, RALPH  
889 LAKE MARION DRIVE  
ALTAMONTE SPRINGS, FL 32701    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

**OFFICERS AND DIRECTORS:**

Title: DC                      ( ) Delete  
Name: LEEMIS, RALPH  
Address: 889 LAKE MARION RD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S                      ( ) Delete  
Name: KRUG, STEPHEN C  
Address: 292 FALLEN PALM DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: T                      ( ) Delete  
Name: BREEN, MATTHEW  
Address: 1228 ROXBORO RD  
City-St-Zip: LONGWOOD, FL 32750

Title: VC                      ( ) Delete  
Name: MCKENZIE, GEORGE  
Address: 1229 ROXBORO RD  
City-St-Zip: LONGWOOD, FL 32750

Title: D                      ( ) Delete  
Name: BEATTIE, DRU  
Address: 1671 SPICEWOOD LANE  
City-St-Zip: CASSELBERRY, FL 32707

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

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

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH B. LEEMIS

DC

01/31/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date