

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
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: 59-3728385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKENZIE, GEORGE
1229 ROXBORO RD
LONGWOOD, FL 32750 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: MCKENZIE, GEORGE
Address: 1229 ROXBORO RD
City-St-Zip: LONGWOOD, FL 32750

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: APPLE, T J
Address: 4945 ROCK ROSE LOOP
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: SCOTT, TERRANCE J
Address: 456 WILD FOX DRIVE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: GAINER, BARRY
Address: 1664 WINDY BLUFF POINT
City-St-Zip: LONGWOOD, FL 32750

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 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: GEORGE MCKENZIE

MR.

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date