

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Sep 20, 2009
Secretary of State**

DOCUMENT# N08000011623

Entity Name: LEARNSUMMER, INC.

Current Principal Place of Business:1010 GROVE DRIVE
NAPLES, FL 34120**New Principal Place of Business:****Current Mailing Address:**1010 GROVE DRIVE
NAPLES, FL 34120**New Mailing Address:**

FEI Number: 26-3973225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:SCALLAN, ROBERT
1010 GROVE DRIVE
NAPLES, FL 34120 US**Name and Address of New Registered Agent:**RIVERA, ANNA
1010 GROVE DRIVE
NAPLES, FL 34120 US

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: AMAURY RIVERA

09/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: SCALLAN, ROBERT
Address: 1010 GROVE DRIVE
City-St-Zip: NAPLES, FL 34120Title: D () Delete
Name: SCALLAN, LISA
Address: 1010 GROVE DRIVE
City-St-Zip: NAPLES, FL 34120Title: D () Delete
Name: RIVERA, AMAURY
Address: 550 8TH ST. SW
City-St-Zip: NAPLES, FL 34120**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: RIVERA, ANNA
Address: 1010 GROVE DRIVE
City-St-Zip: NAPLES, FL 34120Title: () 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: LISA SCALLAN

DIR.

09/20/2009

Electronic Signature of Signing Officer or Director

Date