

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000052178

FILED  
Feb 28, 2008  
Secretary of State

Entity Name: PICTURE ME LEARNING INC.

## Current Principal Place of Business:

317 SE 6TH ST  
DANIA BEACH, FL 33004

## New Principal Place of Business:

225 EAST DANIA BEACH BLVD.  
212  
DANIA BEACH, FL 33004

## Current Mailing Address:

317 SE 6TH ST  
DANIA, FL 33004

## New Mailing Address:

225 EAST DANIA BEACH BLVD.  
212  
DANIA BEACH, FL 33004

FEI Number: 20-8925184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAGLIOCCA, PATRICIA  
317 SE 6TH ST  
DANIA, FL 33004 US

## Name and Address of New Registered Agent:

MAGLIOCCA, PATRICIA  
317 SE 6TH STREET  
DANIA, FL 33004 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: \_\_\_\_\_

02/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MAGLIOCCA, PATRICIA  
Address: 317 SE 6TH ST  
City-St-Zip: DANIA BEACH, FL 33004 US

Title: T ( ) Delete  
Name: POWER, KATHRYN  
Address: 317 SE 6TH ST  
City-St-Zip: DANIA BEACH, FL 33004

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MAGLIOCCA, PATRICIA  
Address: 317 SE 6TH STREET  
City-St-Zip: DANIA BEACH, FL 33004 US

Title: T (X) Change ( ) Addition  
Name: POWER, KATHRYN  
Address: 7400 STIRLING ROAD #617  
City-St-Zip: HOLLYWOOD, FL 33024

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: KATHRYN POWER

T

02/28/2008

Electronic Signature of Signing Officer or Director

Date