

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10536

FILED
Apr 28, 2006
Secretary of State

Entity Name: LEARNING TECHNOLOGIES LTD. INC.

Current Principal Place of Business:

ABBOTT BLDG., 2ND FL., P.O. BOX 933
ROAD TOWN, TORTOLA, BRITISH
VIRGIN ISLAND, NA BVI

New Principal Place of Business:

Current Mailing Address:

ABBOTT BLDG., 2ND FL., P.O. BOX 933
ROAD TOWN, TORTOLA, BRITISH
VIRGIN ISLAND, NA BVI

New Mailing Address:

FEI Number: 59-2621441 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATTEN, MICHAEL R.
1540 THE GREENS WAY
JACKSONVILLE BEACH, FL 32250 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: SMATHERS, BRUCE A.,
Address: 4051 TIMUQUANA RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: CD () Delete
Name: SCHEIDEL, HERBERT W
Address: 821 PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: KOHEN, SHELDON
Address: 4748 S OCEAN BLVD APT 206
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: PARKER, ROBERT A. JR.,
Address: 229 PEACHTREE ST., STE. 2700
City-St-Zip: ATLANTA, GA 30305

Title: D () Delete
Name: BASEMAN, ROBERT L
Address: 6106 MISTY OAKS ST.
City-St-Zip: SARASOTA, FL 34243

Title: DP () Delete
Name: BATTEN, MICHAEL R
Address: 3615 OCEAN DRIVE SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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:

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

SIGNATURE: ALLEN BEYER

_____ Electronic Signature of Signing Officer or Director

O

04/28/2006

_____ Date