

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077773

1. Corporation Name
LEARNING POINT, INC.

Principal Place of Business
6355 METRO WEST BLVD #455
ORLANDO FL 32835

Mailing Address
6355 METRO WEST BLVD #455
ORLANDO FL 32835

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

LAGERBERG, TY M
6355 METRO WEST BLVD. #455
ORLANDO FL 32835

3. Date Incorporated or Qualified

09/05/1997

4. FEI Number

APPLIED FOR 59-355 8382

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name Shannon Thompson
82 Street Address (P.O. Box Number is Not Acceptable) 807 River Boat Circle
83 City Orlando
84 City Orlando FL 85 Zip Code 32828

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Shannon Thompson*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
CP	FADIGAN, JAMES F.	6355 METRO WEST BLVD, SUITE 455	ORLANDO FL 32835	<input type="checkbox"/>
VDS	FRESONNE, DEAN	6355 METRO WEST BLVD, SUITE 450	ORLANDO FL 32835	<input type="checkbox"/>
VD	FADIGAN, JOHN	6355 METRO WEST BLVD, SUITE 450	ORLANDO FL 32835	<input type="checkbox"/>
VT	LAGERBERG, TY M.	6355 METRO WEST BLVD SUITE 455	ORLANDO FL 32835	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the register or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shannon Thompson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/20/99

Daytime Phone (407) 926-7203

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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