

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000021945

Entity Name: T'S LEARNING CENTER, INC.

FILED  
Jan 10, 2011  
Secretary of State

**Current Principal Place of Business:**

11761 BEACH BLVD, SUITE 13  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

11761 BEACH BLVD, SUITE 13  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: 59-3497205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALLAHAN, TINA CPA  
4465 BAYMEADOWS RD.  
SUITE 3  
JACKSONVILLE, FL 32217 US

**Name and Address of New Registered Agent:**

CALLAHAN, TINA CPA  
4201 BAYMEADOWS RD.  
SUITE 4  
JACKSONVILLE, FL 32217 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/10/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ROHLOFF, THERESA M  
Address: 421 ST JOHNS GOLF DR  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP  
Name: ROHLOFF, MARK  
Address: 421 ST JOHNS GOLF DR  
City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

SIGNATURE: THERESA ROHLOFF

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

01/10/2011

\_\_\_\_\_  
Date