


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L59940**  
 1. Entity Name  
**PROFESSIONAL LEARNING CENTER, INC.**



Principal Place of Business      Mailing Address  
 22354 SW 57TH AVE      22354 SW 57TH AVE  
 BOCA RATON, FL 33433      BOCA RATON, FL 33433



01052006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0386987</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ASTOR, LIONEL**  
 22354 SW 57TH AVE  
 BOCA RATON, FL 33433

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTOR, LIONEL 22354 SW 57TH AVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTOR, PATRICIA 22354 SW 57TH AVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEINBERG, MARK 280 PLANDOME RD MANHASSET, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTTERMAN, MARK 280 PLANDOME RD MANHASSET, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, BURTON 280 PLANDOME RD MANHASSET, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1107070395149  
 01/26/06-80039-010 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LIONEL ASTOR**    1/17/06    561-487-1230

Date      Daytime Phone #