

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004149

FILED
Mar 19, 2007
Secretary of State

Entity Name: LINDAMOOD-BELL LEARNING PROCESSES CORP

Current Principal Place of Business:

416 HIGUERA STREET
SAN LUIS OBISPO, CA 93401

New Principal Place of Business:

Current Mailing Address:

416 HIGUERA STREET
SAN LUIS OBISPO, CA 93401

New Mailing Address:

FEI Number: 77-0140920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: TREA () Delete
Name: BELL, Nanci
Address: 1105 BUTTON SAGE WAY
City-St-Zip: ARROYO GRANDE, CA 93420

Title: SECR () Delete
Name: LINDAMOOD, PHYLLIS
Address: 2485 NIGHTSHADE PLACE
City-St-Zip: ARROYO GRANDE, CA 93420

Title: VP (X) Delete
Name: LINDAMOOD, PATRICIA
Address: 2485 NIGHTSHADE PLACE
City-St-Zip: ARROYO GRANDE, CA 93420

Title: P () Delete
Name: BELL, ALISON
Address: 1105 BUTTON SAGE WAY
City-St-Zip: ARROYO GRANDE, CA 93420

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:

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: ALISON BELL

P

03/19/2007

Electronic Signature of Signing Officer or Director

_____ Date