

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007354

**FILED**  
**Jan 28, 2014**  
**Secretary of State**  
**CC6216411433**

**Entity Name:** GEARED 2 LEARN, INC.

**Current Principal Place of Business:**

2111 LAKESIDE DR  
ORLANDO, FL 32803

**Current Mailing Address:**

2111 LAKESIDE DR  
ORLANDO, FL 32803 US

**FEI Number:** 27-3192468

**Certificate of Status Desired:** No

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

COLEMAN, MICHAEL  
2111 LAKESIDE DR  
ORLANDO, FL 32803 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

Date

**Officer/Director Detail :**

Title P  
Name COLEMAN, MICHAEL A  
Address 2111 LAKESIDE DRIVE  
City-State-Zip: ORLANDO FL 32803

Title V  
Name NICOLAI, MIKE  
Address 1600 SHONNORA DRIVE  
City-State-Zip: GOTHA FL 34734

Title S  
Name FREEMAN, DEBORAH  
Address 2736 HILDA COURT  
City-State-Zip: ORLANDO FL 32826

Title T  
Name COLEMAN, JENNIFER  
Address 2111 LAKESIDE DRIVE  
City-State-Zip: ORLANDO FL 32803

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

**SIGNATURE:** MICHAEL A COLEMAN

**PRESIDENT**

**01/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date