


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90042 018 \*\*\*150.00

<b>DOCUMENT # 526058</b>	
1. Entity Name <b>LEARNING PUBLICATIONS, INC.</b>	

Principal Place of Business 5351 GULF DR. P. O. BOX 1338 HOLMES BEACH, FL 34218	Mailing Address 5351 GULF DR. P. O. BOX 1338 HOLMES BEACH, FL 34218
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**44021783**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03242004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1686365</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ERICKSON, RUTH</b> <b>5351 GULF DR</b> <b>HOLMES BEACH, FL 34217</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VONK, JOHN 1351 56 AV GREELEY, CO 80634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ingrid Trimmerberger <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2265 Greenvue SW Wyoming MI 49509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ERICKSON, RUTH 4748 INDEPENDENCE BRADENTON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS Ruth Erickson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5409 34th St W #15C Bradenton FL 34210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCEROY, ALAN 1395 WILLIAMS MARY CT YELLOW SPRINGS OH 45387 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGEE, WAYNE 650 KEY ROYALE DRIVE HOLMES BEACH, FL 34217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRITZ, ERICKSON 705 SUNRISE DR CHENEY, WA 99004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fritz Erickson <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 211 Oak Waterct De Pere WI 54115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, JOHN 962 WHITTIER RD EAST LUNSGING, MI 48823 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:** Ruth Erickson **3-24-04** **941 758-0820**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #