


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 08:00 A
Secretary of State

DOCUMENT # 715547	
1. Entity Name EDUCATIONAL LEARNING DEVELOPMENT CENTERS, INC.	

Principal Place of Business 515 N. FLAGLER DRIVE, 19TH FLOOR ATTN: BRIAN O'CONNELL WEST PALM BEACH, FL 33402-1626	Mailing Address 515 N. FLAGLER DRIVE, 19TH FLOOR ATTN: BRIAN O'CONNELL WEST PALM BEACH, FL 33402-1626
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01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7034002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES INC.
 1574 VILLAGE SQUARE BLVD
 SUITE 100
 TALLAHASSEE, FL 32309

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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 _____

Filing Fee is \$61.25
Due by May 1, 2008

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	SD DAVIS, VIRGINIA F. 60 LOUGHLIN AVE COS COB, CONN, 06807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FUNKE, LUCILE 62 LOUGHLIN AVE COS COB, CONN, 06 807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM DAVIS, GERALD N. 60 LOUGHLIN AVE COS COB, CONN, 06807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTIE, DUNCAN 83 VILLAGE HILL RD BELMONT MASS., 02178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/06/08-80042-025 61.25

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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 617, 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: Virginia F. Davis VIRGINIA F. DAVIS 2/20/08 954-698-9894
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #