

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715547

FILED
Feb 04, 2009
Secretary of State

Entity Name: EDUCATIONAL LEARNING DEVELOPMENT CENTERS, INC.

Current Principal Place of Business:

515 N. FLAGLER DRIVE, 19TH FLOOR
ATTN: BRIAN O'CONNELL
WEST PALM BEACH, FL 334021626

New Principal Place of Business:

Current Mailing Address:

515 N. FLAGLER DRIVE, 19TH FLOOR
ATTN: BRIAN O'CONNELL
WEST PALM BEACH, FL 334021626

New Mailing Address:

FEI Number: 23-7034002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: DAVIS, VIRGINIA F.,
Address: 60 LOUGHLIN AVE
City-St-Zip: COS COB, CONN, 06807

Title: VT () Delete
Name: FUNKE, LUCILE,
Address: 62 LOUGHLIN AVE
City-St-Zip: COS COB, CONN, 06 807

Title: PM () Delete
Name: DAVIS, GERALD N.,
Address: 60 LOUGHLIN AVE
City-St-Zip: COS COB, CONN, 06807

Title: D () Delete
Name: CHRISTIE, DUNCAN,
Address: 83 VILLAGE HILL RD
City-St-Zip: BELMONT MASS., 02178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: DAVIS, VIRGINIA F.,
Address: 60 LOUGHLIN AVE
City-St-Zip: COS COB, CT 06807

Title: VT (X) Change () Addition
Name: DAVIS, VIRGINIA F.,
Address: 60 LOUGHLIN AVE
City-St-Zip: COS COB, CT 06807

Title: PM (X) Change () Addition
Name: DAVIS, GERALD N.,
Address: 60 LOUGHLIN AVE
City-St-Zip: COS COB, CT 06807

Title: D (X) Change () Addition
Name: CHRISTIE, DUNCAN,
Address: 83 VILLAGE HILL RD
City-St-Zip: BELMONT, MA 02178

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GERALD N. DAVIS

PM

02/04/2009

Electronic Signature of Signing Officer or Director

_____ Date