2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#737014

FILED Jan 23, 2009 Secretary of State

Entity Name: FREEDOM LEARNING CENTER INC

Entity Nan	ne: FREEDO!	VI LEARINIIN	G CENTER, INC.				
Current Principal Place of Business:					New Principal Place of Business:		
16570 NE 2	26TH AVE						
6A NORTH MI	AMI BEACH, F	L 33160	US				
Current Mailing Address:				New Mailing Address:			
16570 NE 26TH AVE 6A NORTH MIAMI BEACH, FL 33160 US					3503 DELTA AVE NW HUNTSVILLE, AL 35810 US		
FEI Number:	59-1753790	FEI Numbe	r Applied For()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
PACE, LOUIS 1283 NW 163RD TERRACE PEMBROKE PINES, FL 33028 US				ZWERNER, MILA 16570 NE 26TH AVE #6A NORTH MIAMI BEACH, FL 33160 US			
The above in the State	named entity s of Florida.	ubmits this	statement for the p	ourpose o	f changing its registered	d office or registered agent, or both,	
SIGNATURE: MILA ZWERNER						01/23/2009	
	Electroni	ic Signature	of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD () RUTHERFORD, 3503 DELTA AV HUNTSVILLE, A	ENW			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () CARUSO, JOAN 1505 FORT CLA GAINESVILLE, F	RKE BLVD. A	PT 9204		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () Delete ZWERNER, MILA 16570 NE 26TH AVENUE #6A N MIAMI BEACH, FL 33160				Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () CARUSO, JOAN 1505 FORT CLA GAINESVILLE, F	RKE BLVD. A	PT 9204		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOANN RUTHERFORD PRES 01/23/2009