

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004056

FILED
Jan 31, 2007
Secretary of State

Entity Name: PERFORMANCE LEARNING SYSTEMS, INC.

Current Principal Place of Business:

1150 GLENLIVET DR.
SUITE B-24
ALLENTOWN, PA 18106

New Principal Place of Business:

Current Mailing Address:

1150 GLENLIVET DR.
SUITE B-24
ALLENTOWN, PA 18106

New Mailing Address:

FEI Number: 22-1892811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROWN, DIANA
1732 DISSTON AVE.
CLERMONT, FL 34711 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHMN () Delete
Name: ROSE, CORNELIUS C JR.
Address: 1150 GLENLIVET DR. SUITE B-24
City-St-Zip: ALLENTOWN, PA 18106

Title: P () Delete
Name: HASENSTAB, JOSEPH K
Address: 14978 ECHO RIDGE DR.
City-St-Zip: NEVADA CITY, CA 95959

Title: S () Delete
Name: SHEKELL, DONNA
Address: 281 SUN HILL CIRCLE
City-St-Zip: CADIZ, KY 32211

Title: VP () Delete
Name: BARKLEY, STEPHEN G
Address: 6227 LOWER MOUNTAIN RD
City-St-Zip: NEW HOPE, PA 18938

Title: TOF () Delete
Name: WAINA, WILLIAM F JR
Address: 13692 EDGEWOOD DR.
City-St-Zip: GRASS VALLEY, CA 95945

Title: CFO (X) Delete
Name: DIENZ-JACOBS, KATHRYN
Address: 1150 GLENLIVET DR. SUITE B-24
City-St-Zip: ALLENTOWN, PA 18106

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFO (X) Change () Addition
Name: DIENZ-JACOBS, M KATHRYN
Address: 1150 GLENLIVET DR. SUITE B-24
City-St-Zip: ALLENTOWN, PA 18106

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M KATHRYN DIENZ

CFO

01/31/2007

Electronic Signature of Signing Officer or Director

_____ Date