2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004335

1. Entity Name
MLS LEARNING, INC.

Principal Place of Business	Mailing Address
255 AQUARIUS CIRCLE WEST JACKSONVILLE, FL 32216	4316 CIMARRON LANE FT. WASHINGTON, MD 20744

09082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0736143
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, IRIS Y
255 AQUARIUS CIRCLE WEST
JACKSONVILLE, FL 32216

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	VCP
NAME	STURDIVANT, DEBRA
STREET ADDRESS	8210 CAGLE ROAD
CITY-ST-ZIP	FT. WASHINGTON, MD 20744
TITLE	C
NAME	FISHER, IRIS Y
STREET ADDRESS	4316 CIMARRON LANE
CITY-ST-ZIP	FT. WASHINGTON, MD 20744
TITLE	DVP
NAME	MCKINLEY, ROSE MARY
STREET ADDRESS	255 AQUARIUS CIRCLE WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	S
NAME	DAWSON, RHONDA
STREET ADDRESS	910 EAST UNION STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32206
TITLE	T
NAME	JONES, YVONNIE
STREET ADDRESS	6900 PENN. AVE. #101
CITY-ST-ZIP	FORESTVILLE, MD 20748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/13/04-80002-006 158.75

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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: Iris Fisher Iris Y. Fisher 9-7-04 301-248-4783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #