

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004335

Entity Name: MLS LEARNING, INC.

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

4203 WOODLEY CREEK
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

4316 CIMARRON LANE
FT. WASHINGTON, MD 20744

New Mailing Address:

FEI Number: 01-0736143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISHER, IRIS Y
4203 WOODLEY CREEK
JACKSONVILLE, FL 32218 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: VCP () Delete
Name: STURDIVANT, DEBRA
Address: 8210 CAGLE ROAD
City-St-Zip: FT. WASHINGTON, MD 20744

Title: C () Delete
Name: FISHER, IRIS Y
Address: 4316 CIMARRON LANE
City-St-Zip: FT. WASHINGTON, MD 20744

Title: DVP () Delete
Name: MCKINLEY, ROSE MARY
Address: 255 AQUARIUS CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32216

Title: S () Delete
Name: DAWSON, RHONDA
Address: 910 EAST UNION STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: T () Delete
Name: JONES, YVONNIE
Address: 3504 SILVER PARK DR #10
City-St-Zip: SUITLAND, MD 20746

Title: RD () Delete
Name: DAVIS, BOBBIE
Address: 4203 WOODLEY CREEK
City-St-Zip: JACKSONVILLE, FL 32218

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRIS Y. FISHER

C

03/19/2009

Electronic Signature of Signing Officer or Director

_____ Date