# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# F02000005678

Entity Name: LEARN.COM, INC.

## FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Principal Place of Business:	New Principal Place of Business:

 14001 NW 4 ST.
 14001 NW 4TH STREET

 SUNRISE, FL 33325
 SUNRISE, FL 33325

Current Mailing Address: New Mailing Address:

14001 NW 4 ST. 14001 NW 4TH STREET SUNRISE, FL 33325 SUNRISE, FL 33325

FEI Number: 65-0931599 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 WOLFF, JERALD
 GILMORE, DAVID M

 14001 NW 4 ST.
 14001 NW 4TH STREET

 SUNRISE, FL 33325
 US

 SUNRISE, FL 33325
 US

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: DAVID M. GILMORE 04/28/2009

Electronic Signature of Registered Agent Date

### **OFFICERS AND DIRECTORS:**

#### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition RILEY, JAMES B Name: Name: RILEY, JAMES B 14001 NW 4 ST. 14001 NW 4TH STREET Address: Address: City-St-Zip: SUNRISE, FL 33325 City-St-Zip: SUNRISE, FL 33325

Name: RAY, JW Name: RAY, JW

 Address:
 14001 NW 4 ST.
 Address:
 14001 NW 4TH STREET

 City-St-Zip:
 SUNRISE, FL 33325
 City-St-Zip:
 SUNRISE, FL 33325

Title: ( ) Delete Title: S ( ) Change (X) Addition

 Name:
 Name:
 GILMORE, DAVID M

 Address:
 Address:
 14001 NW 4TH STREET

 City-St-Zip:
 City-St-Zip:
 SUNRISE, FL 33325

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 RILEY, JENNY

 Address:
 Address:
 14001 NW 4TH STREET

 City-St-Zip:
 City-St-Zip:
 SUNRISE, FL 33325

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 POLIT, JAVIER

 Address:
 Address:
 14001 NW 4TH STREET

 City-St-Zip:
 City-St-Zip:
 SUNRISE, FL 33325

Title: D ( ) Change (X) Addition

 Name:
 Name:
 WALSH, DAVID

 Address:
 Address:
 14001 NW 4TH STREET

 City-St-Zip:
 City-St-Zip:
 SUNRISE, FL 33325

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: DAVID M. GILMORE S 04/28/2009