

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001271

FILED  
Jul 14, 2008  
Secretary of State

**Entity Name:** TREE OF KNOWLEDGE LEARNING CENTER, INC.

**Current Principal Place of Business:**

736 LAKEVIEW RD.  
CLEVELAND, OH 44108

**New Principal Place of Business:**

**Current Mailing Address:**

736 LAKEVIEW RD.  
CLEVELAND, OH 44108

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SALFER, MORDECHAI  
2220 NE 203 TERR.  
MIAMI, FL 33180 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: MINTZ, STUART  
Address: 736 LAKEVIEW RD.  
City-St-Zip: CLEVELAND, OH 44108

Title: VC ( ) Delete  
Name: FAINER, BEVERLY  
Address: 736 LAKEVIEW RD.  
City-St-Zip: CLEVELAND, OH 44108

Title: D ( ) Delete  
Name: GARBER, RACHEL  
Address: 736 LAKEVIEW RD.  
City-St-Zip: CLEVELAND, OH 44108

Title: D ( ) Delete  
Name: POSS, ESTHER  
Address: 736 LAKEVIEW RD.  
City-St-Zip: CLEVELAND, OH 44108

Title: D ( ) Delete  
Name: LEBEL-SMITH, CAROLINE  
Address: 736 LAKEVIEW RD.  
City-St-Zip: CLEVELAND, OH 44108

**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:

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: MORDECHAI SALFER

DIR

07/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date