2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005584

Entity Name: HANDY LEARNING SEMINARS, INC.

LAKE MARY, FL 32746

City-St-Zip:

FILED Jan 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2201 LONG PRAIRIE RD 122 OAK VIEW CIRCLE STE 107, #810 LAKE MARY, FL 32746 FLOWER MOUND, TX 75022 **Current Mailing Address: New Mailing Address:** 2201 LONG PRAIRIE RD 3665 SOUTH ORLANDO DR. STE 107, #810 #137 FLOWER MOUND, TX 75022 SANFORD, FL 32773 FEI Number: 20-8079142 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: THOMPSON, SUSAN 122 OAK VIEW CIRCLE LAKE MARY, FL 32746 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition THOMPSON, SUSAN Name: Name: 122 OAK VIEW CIRCLE Address: Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: () Delete Title: VCVP Title: () Change () Addition Name: CAUTHEN, ALEX Name: 122 OAK VIEW CIRCLE Address: 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: SUSAN THOMPSON CP 01/28/2008