

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F50792

FILED
Jan 12, 2008
Secretary of State

Entity Name: HITEK LEARNING SYSTEMS, INC.

Current Principal Place of Business:

223 SOUTH COMMERCE AVE
SEBRING, FL 33871 US

New Principal Place of Business:

Current Mailing Address:

223 SOUTH COMMERCE AVE
P O BOX 1599
SEBRING, FL 33871 US

New Mailing Address:

P O BOX 1599
SEBRING, FL 33871 US

FEI Number: 59-2603504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, JONATHAN MCL
2633 JASMINE WAY
X
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

JONES, JONATHAN MCL
2633 JASMINE WAY
SEBRING, FL 33870 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:

01/12/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD (X) Delete
Name: JONES, JACK W,
Address: 2633 JASMINE WAY
City-St-Zip: SEBRING, FL 00000,

Title: PD () Delete
Name: JONES, BARBARA F.,
Address: 2633 JASMINE WAY
City-St-Zip: SEBRING, FL

Title: D () Delete
Name: JONES, JONATHAN MCL.,
Address: 2633 JASMINE WAY
City-St-Zip: SEBRING, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: JONES, BARBARA F.,
Address: P O BOX 1599
City-St-Zip: SEBRING, FL 33871 15

Title: D (X) Change () Addition
Name: JONES, JONATHAN MCL.,
Address: P O BOX 1599
City-St-Zip: SEBRING, FL 33871 15

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: JONATHAN M JONES

D

01/12/2008

Electronic Signature of Signing Officer or Director

Date