


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000006380		
1. Entity Name KNOWLEDGE LEARNING CORPORATION		

FILED

08 JUN 17 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1250 FOURTH STREET SUITE 550 SANTA MONICA, CA 90401 US	Mailing Address 1250 FOURTH STREET SUITE 550 SANTA MONICA, CA 90401 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06122008 Chg-P CR2E034 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800131634748 06/24/08--01045--002 **8.75 City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

200131634702
06/24/08--01045--001 **150.00

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YALOW, ELANNA S. <input type="checkbox"/> Delete 4340 REDWOOD HIGHWAY BLDG B SAN RAFAEL, CA 94903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 650 NE HOLLADAY, SUITE 1400 PORTLAND, OR 97232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MORELAND, MARK <input checked="" type="checkbox"/> Delete 650 NE HOLLADAY SUITE 1400 PORTLAND, OR 97232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, FELICIA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 650 NE HOLLADAY SUITE 1400 PORTLAND, OR 97232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARON, STANLEY <input type="checkbox"/> Delete 1250 FOURTH STREET STE 550 SANTA MONICA, CA 90401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MUSKOVICH, JAY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 650 NE HOLLADAY, SUITE 1400 PORTLAND, OR 97232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINERMAN, RALPH <input type="checkbox"/> Delete 1250 FOURTH ST. SANTA MONICA, CA 90401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D; VP COHN, ADAM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1250 FOURTH STREET, 6th FLOOR SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMS, JOHN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 650 NE HOLLADAY, SUITE 1400 PORTLAND, OR 97232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HNANICEK, JOHN <input type="checkbox"/> Change <input type="checkbox"/> Addition 650 NE HOLLADAY, SUITE 1400 PORTLAND, OR 97232

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Stanley E. Maron, Secretary 6-16-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #