2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G40744

1. Entity Name

THE LEARNING PLANT, INC.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business 6950 COUNTY PLACE RD P.O. BOX 17233

W PALM BCH, FL 33416

Mailing Address

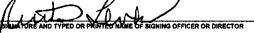
6950 COUNTY PLACE RD P.O. BOX 17233 W PALM BCH, FL 33416



_	A MAT WAITE II	<u> </u>	04272007	No Chg-P	CR2E	034 (11/05)	
DO NOT WRITE IN THIS SPA			4. FEI Number Applied For 59-2288776 Not Applicable				
				5. Certificate o	f Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent							
LEVOW RUTH 6950 COUNTRY PLACE RD W PALM BCH, FL 33411			DO NOT WRITE IN THIS SPACE				
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							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00		00 May 8e ed to Fees				
10. OFFICERS AND DIRECTORS					•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEVOW, RUTH 6950 COUNTRY PLACE RD W PALM BCH, FL 33411						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					00000 05/15/07)0742 7-800	253 160-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	'HIS SP	AC	E
TITLE NAME STREET ADORESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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.









TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP