

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L04262

FILED
Apr 25, 2005
Secretary of State

Entity Name: THE LEARNING TREE ACADEMY, INC.

Current Principal Place of Business:

C/O ELSIE S. SALTERS
2808 AVENUE D
FORT PIERCE, FL 349472637

New Principal Place of Business:

Current Mailing Address:

C/O ELSIE S. SALTERS
2808 AVENUE D
FORT PIERCE, FL 349472637

New Mailing Address:

FEI Number: 65-0215212 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALTERS, ELSIE S.
2808 AVENUE D
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: LEREL FREDERICK,
Address: 1122 HEMLOCK
City-St-Zip: FT. PIERCE, FL 34947

Title: DVP () Delete
Name: ELSIE SALTER,
Address: 2808 AVENUE D.
City-St-Zip: FT. PIERCE, FL 34947

Title: DST () Delete
Name: IDA FREDERICK,
Address: 1122 HEMLOCK
City-St-Zip: FT. PIERCE, FL 34947

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEREL FREDERICK

DP

04/25/2005

Electronic Signature of Signing Officer or Director

Date