2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L04262

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 (X)**

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: DP (X) Change ( ) Addition
Name: LEREL FREDERICK
Address: 752 BENT CREEK DRIVE
City-St-Zip: FT. PIERCE, FL 34947

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

Title: DST (X) Change ( ) Addition
Name: IDA FREDERICK
Address: 752 BENT CREEK DRIVE
City-St-Zip: FT. PIERCE, FL 34947

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: LEREL FREDERICK DP 04/29/2009
Electronic Signature of Signing Officer or Director — Date