

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015276

FILED
Apr 27, 2007
Secretary of State

Entity Name: SMALL IMPRESSIONS LEARNING CENTER LLC

Current Principal Place of Business:

812 CRESTVIEW CIRCLE NORTH
WILDWOOD, FL 34785

New Principal Place of Business:

714 MCCORMACK STREET
LEESBURG, FL 34748

Current Mailing Address:

812 CRESTVIEW CIRCLE NORTH
WILDWOOD, FL 34785

New Mailing Address:

714 MCCORMACK STREET
LEESBURG, FL 34748

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACEY LLC
491 MILLS STREET
LEESBURG, FL 34748 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TUCKER, KAHLIL M
Address: 812 CRESTVIEW CIRCLE NORTH
City-St-Zip: WILDWOOD, FL 34785 US

Title: MGRM () Delete
Name: TUCKER, LAWANA L
Address: 812 CRESTVIEW CIRCLE NORTH
City-St-Zip: WILDWOOD, FL 34785 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TUCKER, LAWANA L
Address: 714 MCCORMACK STREET
City-St-Zip: LEESBURG, FL 34748 US

Title: MGRM (X) Change () Addition
Name: TUCKER, KAHLIL M
Address: 714 MCCORMACK STREET
City-St-Zip: LEESBURG, FL 34748 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAWANA L TUCKER

MGRM

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date