2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2007
Secretary of State

DOCUMENT# L06000039208

Entity Name: LEARNING BRIDGE ACADEMY, LLC

Current Principal Place of Business:

1396 ENTERPRISE OSTEEN ROAD
ENTERPRISE, FL 32725 US

New Principal Place of Business:

2411 E GRAVES AVENUE
SUITE 24
ORANGE CITY, FL 32763 US

Current Mailing Address:

1396 ENTERPRISE OSTEEN ROAD
ENTERPRISE, FL 32725 US

New Mailing Address:

FEI Number: 20-4694307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, VALERIE J
1396 ENTERPRISE OSTEEN ROAD
ENTERPRISE, FL 32725 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:	MULDER, DENNIS E	
Address:	1199 PAGE COURT	
City-St-Zip:	DELTONA, FL 32725 US	
Title:	MGRM	( ) Delete
Name:	FOSTER, CLIFTON G	
Address:	1396 ENTERPRISE OSTEEN ROAD	
City-St-Zip:	ENTERPRISE, FL 32725 US	
Title:	MGRM	( ) Delete
Name:	MULDER, HEATHER	
Address:	1199 PAGE COURT	
City-St-Zip:	DELTONA, FL 32725 US	
Title:	MGRM	( ) Delete
Name:	FOSTER, VALERIE J	
Address:	1396 ENTERPRISE OSTEEN ROAD	
City-St-Zip:	ENTERPRISE, FL 32725 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: VALERIE JO FOSTER MGRM 04/14/2007

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