

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41816

FILED
Mar 30, 2006
Secretary of State

Entity Name: THE LEARNING SHOPPE, INC.

Current Principal Place of Business:

5201 JULIE DR.
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

POB 66
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 59-2987398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, NEILL H
5201 JULIE DR.
PANAMA CITY, FL 32404 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: D () Delete
Name: GARNER, F V
Address: 5201 JULIE DR.
City-St-Zip: PANAMA CITY, FL 32404

Title: P () Delete
Name: DAVIS, KAY, S,
Address: 5201 JULIE DR.
City-St-Zip: PANAMA CITY, FL 32404

Title: ST () Delete
Name: DAVIS, NEILL, H,
Address: 5201 JULIE DR.
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: DAMBRAUSKAS, BILLIE
Address: 5201 JULIE DR.
City-St-Zip: PANAMA CITY, FL 32404

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:

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 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: NEILL H DAVIS

ST

03/30/2006

Electronic Signature of Signing Officer or Director

Date