

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State

06-30-2008 90078 004 ***138.75

DOCUMENT # M07000003896



1. Entity Name
CENTRELEARN SOLUTIONS, LLC

Principal Place of Business
**73 E. FORREST AVE. SUITE 7
 SHREWSBURY, PA 17361**

Mailing Address
**73 E. FORREST AVE. SUITE 7
 SHREWSBURY, PA 17361**

50007719



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06262008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
04-3827563

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**INCORP SERVICES, INC.
 17888 67TH COURT NORTH
 LOXAHATCHEE, FL 33470**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
 NAME STEWART, WALTER
 STREET ADDRESS 73 E. FORREST AVE. SUITE 7
 CITY-ST-ZIP SHREWSBURY, PA 17361

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME EASTHAM, JAMES N JR.
 STREET ADDRESS 73 E. FORREST AVE. SUITE 7
 CITY-ST-ZIP SHREWSBURY, PA 17361

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME POLUCK, JASON
 STREET ADDRESS 73 E. FORREST AVE. SUITE 7
 CITY-ST-ZIP SHREWSBURY, PA 17361

TITLE Change Addition
 NAME **PALUCK, JASON**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **MGR Shtaygrud, Avraham**
 STREET ADDRESS **73 E. Forrest Ave, Suite 7**
 CITY-ST-ZIP **Shrewsbury, PA 17361**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]* **JAMES N. EASTHAM JR.** 6/26/08 717-227-4655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #