2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# N02000000682

Entity Name: THE LEARNING CURVE, INC.

Current Principal Place of Business:

37711 CR 439
EUSTIS, FL 32736

New Principal Place of Business:

Current Mailing Address:

37711 CR 439
EUSTIS, FL 32736

New Mailing Address:

FEI Number: 04-3589149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VARY, CYNTHIA D D
37711 CR 439
EUSTIS, FL 32736 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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	VARY, CYNTHIA D D	
Address:	37711 CR 439	
City-St-Zip:	EUSTIS, FL 32736	
Title:	D	( ) Delete
Name:	PAULEY, JANET	
Address:	16040 LONELY LANE RD.	
City-St-Zip:	UMATILLA, FL 32784	
Title:	D	( ) Delete
Name:	MCCLEEAN, PAULA	
Address:	1442 MARSH CREEK LANE	
City-St-Zip:	ORLANDO, FL 32828	
Title:	D	( ) Delete
Name:	BERNARD, JO	
Address:	5005 CITY STREET, APT. #1336	
City-St-Zip:	ORLANDO, FL 32839	
Title:	D	( ) Delete
Name:	VARY, STEPHEN A	
Address:	37711 CR 439	
City-St-Zip:	EUSTIS, FL 32736	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	MCCELLAN, PAULA	
Address:	1442 MARSH CREEK LANE	
City-St-Zip:	ORLANDO, FL 32828	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA VARY DIR 05/02/2009
Electronic Signature of Signing Officer or Director — Date