

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003440

FILED
Apr 30, 2005
Secretary of State

Entity Name: LEARNING STYLES FOUNDATION, INC.

Current Principal Place of Business:

1011 5TH AVE NORTH
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

1011 5TH AVE NORTH
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 20-0481144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERITAGE TAX & CONSULTING SERVICES INC
11220 METRO PARKWAY
3
FORT MYERS, FL 33912 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,P () Delete
Name: WILK, KELLY
Address: 1008 GOODLETTE #100
City-St-Zip: NAPLES, FL 34102 US

Title: D () Delete
Name: WILK, SERGE
Address: 1008 GOODLETTE #100
City-St-Zip: NAPLES, FL 34102 US

Title: D (X) Delete
Name: WILK, GREG
Address: 1008 GOODLETTE #100
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: WILK, KELLY
Address: 1011 5TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34102 US

Title: DR. (X) Change () Addition
Name: CARLSON, JOHN
Address: 5106 SEAHORSE DRIVE
City-St-Zip: NAPLES, FL 34103

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 Section 119.07(3)(i), 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: KELLY A WILK

MS.

04/30/2005

Electronic Signature of Signing Officer or Director

Date