

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005893

FILED  
Mar 06, 2007  
Secretary of State

**Entity Name:** THE POLARIS LEARNING INITIATIVE, INC.

**Current Principal Place of Business:**

4362 KELNEPA DR.  
JACKSONVILLE, FL 322076226 62

**New Principal Place of Business:**

**Current Mailing Address:**

4362 KELNEPA DR.  
JACKSONVILLE, FL 322076226 62

**New Mailing Address:**

**FEI Number:** 20-2959941

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROCKDORF, SOREN  
4362 KELNEPA DR  
JACKSONVILLE, FL 32207 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: P ( ) Delete  
Name: BROCKDORF, SOREN  
Address: 4362 KELNEPA DR.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP ( ) Delete  
Name: BAIRD, DANA  
Address: 3384 BARROW HILL TRAIL  
City-St-Zip: TALLAHASSEE, FL 32312

Title: SC ( ) Delete  
Name: GRIZZARD, VERNON  
Address: 4446 HENDRICKS AVE  
City-St-Zip: JACKSONVILLE, FL 32207

**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:

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

SIGNATURE: SOREN BROCKDORF

PRES

03/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date