


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000008335		
1. Entity Name THE LEARNING CENTER OF KEY WEST, INC.		

FILED
07 JUL -2 AM 8:50

Principal Place of Business 241 TRUMBO ROAD KEY WEST, FL 33040	Mailing Address 241 TRUMBO ROAD KEY WEST, FL 33040
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06272007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-5416637

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
FRASER, SCOTT 241 TRUMBO ROAD KEY WEST, FL 33040	

7. Name and Address of New Registered Agent	
Name	Palma LOPEZ
Street Address (P.O. Box Number is Not Acceptable)	241 Trumbo Road
City	Key West
State	FL
Zip Code	33040

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 Palma Lopez PALMA Lopez DATE 6-27-09

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, PALMA 326 AMELIA ST. KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DDP 100105643171 07/06/07--01055--020 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAYLOCK, VIRGINIA 241 TRUMBO ROAD KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRASER, SCOTT P.O. BOX 4215 KEY WEST, FL 33041 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Peterson, Arlo 241 Trumbo Road Key West FL 33040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEGGETT, JOAN 241 TRUMBO ROAD KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>mn/s</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Wallace, Melissa <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 241 Trumbo Road Key West, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crespo Danny <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 241 Trumbo Road Key West FL 33040

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Palma Lopez

6/27/07