


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000008335 1. Entity Name THE LEARNING CENTER OF KEY WEST, INC.	
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FILED
07 JUL -2 AM 8:50
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business 241 TRUMBO ROAD KEY WEST, FL 33040	Mailing Address 241 TRUMBO ROAD KEY WEST, FL 33040
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	06272007 Chg-NP CR2E037 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 20-5416637
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

Applied For	Not Applicable
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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 FL Zip Code 33040
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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 6-27-07
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	
TITLE	PD <input type="checkbox"/> Delete LOPEZ, PALMA
STREET ADDRESS	326 AMELIA ST.
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	D <input type="checkbox"/> Delete BLAYLOCK, VIRGINIA
STREET ADDRESS	241 TRUMBO ROAD
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	STD <input checked="" type="checkbox"/> Delete FRASER, SCOTT
STREET ADDRESS	P.O. BOX 4215
CITY-ST-ZIP	KEY WEST, FL 33041
TITLE	VD <input type="checkbox"/> Delete LEGGETT, JOAN
STREET ADDRESS	241 TRUMBO ROAD
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	<i>m/s</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100105643171
STREET ADDRESS	07/06/07--01055--020 **70.00
CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D Peterson, Arlo <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	241 Trumbo Road
STREET ADDRESS	Key West FL 33040
CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD Wallace, Melissa <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	241 Trumbo Road
STREET ADDRESS	Key West, FL 33040
CITY-ST-ZIP	
TITLE	D Crespo, Danny <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	241 Trumbo Road
STREET ADDRESS	Key West FL 33040
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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