

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 31, 2011
Secretary of State**

DOCUMENT# N06000008335

Entity Name: THE LEARNING CENTER OF KEY WEST, INC.**Current Principal Place of Business:**241 TRUMBO ROAD
KEY WEST, FL 33040**New Principal Place of Business:****Current Mailing Address:**241 TRUMBO ROAD
KEY WEST, FL 33040**New Mailing Address:**

FEI Number: 20-5416637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:LOPEZ, PALMA
241 TRUMBO ROAD
KEY WEST, FL 33040 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
Name: LOPEZ, PALMA
Address: 326 AMELIA ST.
City-St-Zip: KEY WEST, FL 33040

Title: D
Name: CRESPO, BARBARA
Address: P.O. BOX 4031
City-St-Zip: KEY WEST, FL 330414031

Title: PD
Name: LEGGETT, JOAN
Address: 241 TRUMBO ROAD
City-St-Zip: KEY WEST, FL 33040

Title: VD
Name: WALLACE, MELISSA
Address: 241 TRUMBO ROAD
City-St-Zip: KEY WEST, FL 33040

Title: SD
Name: CRESPO, DANNY
Address: P.O. BOX 4031
City-St-Zip: KEY WEST, FL 33040

Title: TD
Name: GEARY, CHRISTINE P
Address: 213 SHORE AVE
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: PALMA LOPEZ

D

05/31/2011

Electronic Signature of Signing Officer or Director_____
Date