2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N07000002904

Entity Name: K. SPRAT LEARNING CENTER, INC.

Current Principal Place of Business:

501 N. W. 27TH AVENUE
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2836 N.W. 5TH STREET
POMPANO BEACH, FL 33069

New Mailing Address:

501 N.W. 27TH AVENUE
POMPANO BEACH, FL 33069

FEI Number: 06-1810915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOCUMENT CENTER INC
7014 NORTH WEST 79TH AVE.
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

DOCUMENT CENTER INC
502 PHIPPEN WAITERS ROAD
APT.#4
DANIA BEACH, FL 33004 US

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: _____ 02/12/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JACKSON, BRIDGET L
Address: 2836 N.W. 5TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP ( ) Delete
Name: JACKSON, ROBERT L
Address: 2836 N.W. 5TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: S ( ) Delete
Name: PORTER, LAKIA S
Address: 720 N.W. 1ST AVENUE APT.#4
City-St-Zip: POMPANO BEACH, FL 33060

Title: T ( ) Delete
Name: JOHNSON, SUSIE A
Address: 5045 WILES ROAD BLDG. 10 UNIT #105
City-St-Zip: COCNUT CREEK, FL 33073

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:

Title: T (X) Change ( ) Addition
Name: OATMAN-ALLEYNE, LASHAWN P
Address: 20661 N.W.17TH STREET APT.#304
City-St-Zip: MIAMI GARDENS, FL 33056

I hereby certify that the information supplied with this filing does not qualify 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: BRIDGET L. JACKSON P 02/12/2009
Electronic Signature of Signing Officer or Director — Date