2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N07000008055

Entity Name: LEARTIST LEGACY INCORPORATION, INC.

Current Principal Place of Business:

1512 BROOK FOREST DRIVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

1512 BROOK FOREST DR
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 83-0506033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, LISA H
1512 BROOK FOREST DRIVE
JACKSONVILLE, FL 32208 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: PCEO ( ) Delete
Name: JOHNSON, LISA H
Address: 1512 BROOK FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: VT ( ) Delete
Name: BARNES, VALERIE H
Address: 6638 ALMOND AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: TD ( ) Delete
Name: HAYES, EDGAR A
Address: 6638 ALMOND AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: S ( ) Delete
Name: JAMES, ALLEN E
Address: 7833 ALLSPICE CR WEST
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JOHNSON, LISA H
Address: 1512 BROOK FOREST DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

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 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: LISA H. JOHNSON PD 03/31/2009

Electronic Signature of Signing Officer or Director — Date