2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N07000008616

Entity Name: YOUR WORLD LEARNING CENTER, INC.

Current Principal Place of Business:

2952 EDISON AVENUE
JACKSONVILLE, FL 32254 US

New Principal Place of Business:

Current Mailing Address:

11115 APPLE BLOSSOM TR E
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 26-1196087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, SHANQUILLA A
11115 APPLE BLOSSOM TRAIL EAST
JACKSONVILLE, FL 32218 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: PSTD ( ) Delete
Name: ROBINSON, SHANQUILLA A
Address: 11115 APPLE BLOSSOM TRAIL EAST
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP ( ) Delete
Name: BATTLE, TRENEIL
Address: 5980 COPPER CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP ( ) Delete
Name: ROBINSON, JAMES
Address: 2952 EDISON AVENUE
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: D ( ) Delete
Name: BROWN, SHATEENA
Address: 2952 EDISON AVENUE
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: D ( ) Delete
Name: FINK, CHERYL
Address: 2952 EDISON AVENUE
City-St-Zip: JACKSONVILLE, FL 32254 US

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: ( ) 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: SHANQUILLA ROBINSON PRES 04/26/2009

Electronic Signature of Signing Officer or Director — Date