

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001949

FILED
Apr 06, 2009
Secretary of State

Entity Name: LEARNING IN FINE-ARTS EXPRESSION, EDUCATION AND EXPERIENCE, INC.

Current Principal Place of Business:

8140 SW 24TH ST, 302
N LAUDERDALE, FL 33068

New Principal Place of Business:

Current Mailing Address:

PO BOX 25402
TAMARAC, FL 33320

New Mailing Address:

FEI Number: 26-2233771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIDDINGS, ORONDE
8140 SW 24TH ST. #302
N. LAUDERDALE, FL 33068 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 () Delete
Name: GIDDINGS, NICOLE
Address: 701 W. RAND RD. #329
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

Title: D () Delete
Name: GIDDINGS, ORONDE
Address: 8140 SW 24TH ST. #302
City-St-Zip: N. LAUDERDALE, FL 33068

Title: D () Delete
Name: BEDASSIE, KIMARA
Address: 2600 SW 85TH TERR
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: GIDDINGS, JOAN
Address: 8140 SW 24TH ST. #302
City-St-Zip: N. LAUDERDALE, FL 33068

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:

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: ORONDE GIDDINGS

D

04/06/2009

Electronic Signature of Signing Officer or Director

Date