

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001949

**FILED**  
**Apr 11, 2010**  
**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  
Name: GIDDINGS, NICOLE  
Address: 701 W. RAND RD. #329  
City-St-Zip: ARLINGTON HEIGHTS, IL 60004

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

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

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

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: ORONDE GIDDINGS

D

04/11/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date