
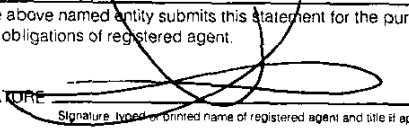
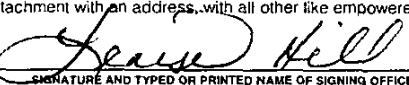


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90010 028 ****61.25

DOCUMENT # N38254					
1. Entity Name NEW DIRECTIONS IN LEARNING, INC.					
Principal Place of Business 7887 BRYAN DAIRY RD STE 1500 LARGO, FL 33777 US			Mailing Address 7887 BRYAN DAIRY RD STE 1500 LARGO, FL 33777 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02052005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3012734				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAMONTE, JONATHAN JAMES 7800 113TH STREET NORTH SUITE 206 SEMINOLE, FL 34642			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable.</small>		PETER F. SOUZA ASSISTANT SECRETARY		3/16/05 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCFADDEN, LISA		NAME	Angles, Tina	
STREET ADDRESS	13057 89TH AVENUE		STREET ADDRESS	4010 Kimpton Place	
CITY-ST-ZIP	SEMINOLE, FL 33776		CITY-ST-ZIP	Largo, FL 33771	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Herman, Jennifer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, JOHN		NAME	8298 83rd St N.	
STREET ADDRESS	608 B 14TH AVE NW		STREET ADDRESS	Largo, FL 33777	
CITY-ST-ZIP	LARGO, FL 33770		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEISENBERG, SHERYL		NAME	Kim Griffin	
STREET ADDRESS	100 98TH AVE N		STREET ADDRESS	1337 Friend Ave	
CITY-ST-ZIP	ST PETERSBURG, FL 33702		CITY-ST-ZIP	Clearwater, FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSONE, JILL		NAME		
STREET ADDRESS	3201 71ST AVENUE N.		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGLES, JIM		NAME		
STREET ADDRESS	4010 KIMPTON PLACE		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, LENISE		NAME		
STREET ADDRESS	4418 MENHADER DRIVE SE		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		3-11-05 (747) 541-8972		Date Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					