


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90094 009 \*\*\*\*70.00

<b>DOCUMENT # N38254</b> 1. Entity Name <b>NEW DIRECTIONS IN LEARNING, INC.</b>					
Principal Place of Business <b>7887 BRYAN DAIRY RD STE 1500 LARGO, FL 33777 US</b>			Mailing Address <b>7887 BRYAN DAIRY RD STE 1500 LARGO, FL 33777 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>DAMONTE, JONATHAN JAMES 7800 113TH STREET NORTH SUITE 206 SEMINOLE, FL 34642</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGLES, TINA 4010 KIMPTON PLACE LARGO, FL 33771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jennifer Stowbridge 2917 Belcher Rd. Dunedin, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, JOHN 608 B 14TH AVE NW LARGO, FL 33770	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Iphigenia Charley Charles 603 D. North Keen Rd. Clearwater, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERMAN, JENNIFER 8298 83RD ST N LARGO, FL 33777	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOZUSKO, JEFFRIE 9625 61 WAY PINELLAS PARK, FL 33782	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGLES, JIM 4010 KIMPTON PLACE LARGO, FL 33771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, LENISE 4418 MENHADER DRIVE SE SAINT PETERSBURG, FL 33705	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Lenise Hill</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <i>4/23/07</i> (727) 541-8972 <small>Daytime Phone #</small>	