

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38254

FILED
Apr 28, 2009
Secretary of State

Entity Name: NEW DIRECTIONS IN LEARNING, INC.

Current Principal Place of Business:

7887 BRYAN DAIRY RD
STE 1500
LARGO, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

7887 BRYAN DAIRY RD
STE 1500
LARGO, FL 33777 US

New Mailing Address:

FEI Number: 59-3012734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAMONTE, JONATHAN JAMES
7800 113TH STREET NORTH
SUITE 206
SEMINOLE, FL 34642 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: ANGLES, TINA
Address: 4010 KIMPTON PLACE
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: STOWBRIDGE, JENNIFER
Address: 2917 BELCHER RD.
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: CHARLER-CHARLES, IPHIGENIA
Address: 603 D. NORTH KEAN RD
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: CARLYLE, AMY
Address: 211 EMERALD LANE
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: ANGLES, JIM
Address: 4010 KIMPTON PLACE
City-St-Zip: LARGO, FL 33771

Title: D () Delete
Name: HILL, LENISE
Address: 4418 MENHADER DRIVE SE
City-St-Zip: SAINT PETERSBURG, FL 33705

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:

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: LENISE HILL

D

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date