

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005649

FILED
Jan 03, 2007
Secretary of State

Entity Name: FOUNDATION FOR TRUE LEARNING, INC.

Current Principal Place of Business:

1775 W. MANILA LANE
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 640621
BEVERLY HILLS, FL 344640621

New Mailing Address:

FEI Number: 59-3283643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAS, DAVID
1775 W MANILA LANE
LECANTO, FL 34461 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: COTTER, ANNE MARIE
Address: 1775 W MANILA LANE
City-St-Zip: LECANTO, FL 34461

Title: D () Delete
Name: SALAS, DAVID JR
Address: 1123 EAGER DR
City-St-Zip: ALBANY, GA 31707

Title: D () Delete
Name: SALAS, DAVID
Address: 1775 W MANILA LANE
City-St-Zip: LECANTO, FL 33569

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID SALAS

D

01/03/2007

Electronic Signature of Signing Officer or Director

Date