


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000000089</b> 1. Entity Name <b>THE RENAISSANCE LEARNING CENTER, INC.</b>	
--	---

Principal Place of Business <b>5800 CORPORATE WAY WEST PALM BEACH, FL 33407</b>	Mailing Address <b>5800 CORPORATE WAY WEST PALM BEACH, FL 33407 US</b>
--	---



01242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0720113</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**C T CORPORATION  
1200 SOUTH PINE ISLAND DRIVE  
FORT LAUDERDALE, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000807415</b> <b>02/07/08-80007-019 61.25</b>
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HEDGE, SHELLY 138 BARBADOS DRIVE JUPITER, FL 33448
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCOTT, JACK 2811 NORTH MILLER DRIVE WEST PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINGOLD, SUZETTE 5800 CORPORATE WAY WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOLEY, MYLES 9121 N. MILITARY TRAIL, SUITE 218 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAVIS, TIMOTHY M 1870 FOREST HILL BLVD., STE. 207 WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HALL, DARRYL 325 ORANGE WAY WEST PALM BEACH, FL 33405

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/08** **(561) 640-0270**  
Date Daytime Phone #