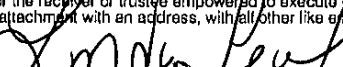


FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000048138 1. Entity Name LRN ENTERPRISES GROUP, INC.			
Principal Place of Business 371 WEST PARK DRIVE #1 MIAMI, FL 33172		Mailing Address 371 WEST PARK DRIVE #1 MIAMI, FL 33172	
DO NOT WRITE IN THIS SPACE			
		02112007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1008072	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEAL, LINDA 371 WEST PARK DRIVE #1 MIAMI, FL 33172		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		DATE _____ (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 - After May 1, 2007 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000680567 04/04/07-80004-019 150	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAL, LINDA 371 WEST PARK DRIVE #1 MIAMI, FL 33172		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 607, 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: 		3/8/07 305 468 9463	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	