2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# P00000086756

Entity Name: LEAN LEARNING CENTER, INC.

Current Principal Place of Business:

4360 NORTHLAKE BLVD., STE. 108
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4360 NORTHLAKE BLVD., STE. 108
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-1045863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARLINO, DIANE
4360 NORTHLAKE BLVD., STE. 108
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARLINO, DIANE
Address: 4360 NORTHLAKE BLVD #108
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D ( ) Delete
Name: CARINO, ANGELO J
Address: 4360 NORTHLAKE BLVD #108
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: FLINCHBAUGH, JAMES W
Address: 40028 GRAND RIVER
City-St-Zip: NOVI, MI 48375 US

Title: D ( ) Change (X) Addition
Name: PATTERSON, SHAWN
Address: 2811 BRADWAY BLVD.
City-St-Zip: BLOOMFIELD HILLS, MI 48301 US

Title: D ( ) Change (X) Addition
Name: PAWLEY, DENNIS
Address: 25882 ORCHARD LANE
City-St-Zip: FARMINGTON HILLS, MI 48336 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE CARLINO D 01/12/2009
Electronic Signature of Signing Officer or Director Date