


FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90077 049 ***550.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000033695	
1. Entity Name SCHANK LEARNING CONSULTANTS, INC.	

Principal Place of Business 166 EVERGLADE AVE PALM BEACH, FL 33480	Mailing Address 166 EVERGLADE AVE PALM BEACH, FL 33480
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20063612



2. Principal Place of Business 3784 S.E. Old St. Lucie Blvd	3. Mailing Address 3784 S.E. Old St. Lucie Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07082005 Chg-P CR2E034 (10/03)

City & State Stuart, Florida	City & State Stuart, FLORIDA
Zip 34996	Zip 34996
Country USA	Country USA

4. FEI Number 65-1096353	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KLEIN, STUART B ESQ 1551 FORUM PL, STE 400B W PALM BEACH, FL 33401	
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7. Name and Address of New Registered Agent Name Roger C. Schank Street Address (P.O. Box Number is Not Acceptable) 3784 S.E. Old St. Lucie Blvd City Stuart FL Zip Code 34996	
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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  Roger C. Schank	7/11/05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trus' Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHANK, ROGER C 166 EVERGLADE AVE PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Roger C. Schank 3784 S.E. Old St. Lucie Blvd Stuart, FL 34996 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Roger C. Schank	Director	7/11/05	772-287-5898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #