

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046879

FILED  
Jan 16, 2012  
Secretary of State

**Entity Name:** T'S LEARNING CENTER II, INC.

**Current Principal Place of Business:**

8595 BEACH BLVD. #201  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

11761 BEACH BLVD STE 13  
JACKSONVILLE, FL 32246

**New Mailing Address:**

FEI Number: 59-3716157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALLAHAN, TINA CPA  
4201 BAYMEADOWS ROAD  
SUITE 4  
JACKSONVILLE, FL 32217 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  
Name: ROHLOFF, THERESA M  
Address: 421 ST. JOHNS GULF DR.  
City-St-Zip: JACKSONVILLE, FL 32246

Title: V  
Name: ROHLOFF, MARK  
Address: 421 ST. JOHNS GULF DR.  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

SIGNATURE: MARK ROHLOFF

VP

01/16/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date