

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000061137

1. Entity Name
LEARNING DIMENSIONS INTERNATIONAL, INC.



Principal Place of Business
2934 CAROLINA AVE
LAKELAND, FL 33803

Mailing Address
2934 CAROLINA AVE
LAKELAND, FL 33803

FILED

05 OCT -6 AM 10:17

2 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1025 SOUTH BLVD
Suite, Apt. #, etc.
LAKELAND, FL
City & State

3. Mailing Address

1025 SOUTH BLVD
Suite, Apt. #, etc.
LAKELAND, FL
City & State

06292005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3727765

Applied For
Not Applicable

Zip
33803

Country

Zip
33803

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STARLING, RHONDA
2934 CAROLINA AVE
LAKELAND, FL 33803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1025 SOUTH BLVD

City

LAKELAND, FL

FL

Zip Code

33803

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 constituting)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
STARLING, RHONDA
2934 CAROLINA AVE
LAKELAND, FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
1025 SOUTH BLVD.
LAKELAND, FL. 33803 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Administrative Dissolution
removed, report rejected
in error on 11/5/05 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
JH 10/6 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ 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: Rhonda D. Starling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/05
Date

Daytime Phone #