## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 01, 2007 08:00 AM **Secretary of State** DOCUMENT # P01000061137 LEARNING DIMENSIONS INTERNATIONAL, INC. Principal Place of Business Mailing Address 1025 SOUTH BLVD 1025 SOUTH BLVD LAKELAND, FL 33803 LAKELAND, FL 33803 No Chg-P CR2E034 (11/05) 02232007 DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-3727765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STARLING, RHONDA DO NOT WRITE 1025 SOUTH BLVD LAKELAND, FL 33803 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DP BUE STARLING, RHONDA NAME STREET ADDRESS 1025 SOUTH BLVD LAKELAND, FL 33803 CITY - ST - ZIP 000000652531 03/12/07-80022-019 158.75 TITLE NAME STREET ADDRESS CITY+ST-ZIP THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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.

NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS

FILED .