



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90004 045 ***150.00

DOCUMENT # P01000067508 1. Entity Name GOLD LEARNING SOLUTIONS, INC.					
Principal Place of Business 9601 TAVERNIER DR 11584 QUIET WATERS LANE BOCA RATON, FL 33496 33428		Mailing Address 9601 TAVERNIER DR 11584 QUIET WATERS LANE BOCA RATON, FL 33496 33428			
2. Principal Place of Business 11584 QUIET WATERS LANE Suite, Apt. #, etc. BOCA RATON		3. Mailing Address 11584 QUIET WATERS LANE Suite, Apt. #, etc. 		50059906 	
City & State BOCA RATON, FLORIDA		City & State BOCA RATON, FLORIDA		4. FEI Number 65-1123772	
Zip 33428		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAND, THOMAS P 9601 TAVERNIER DR 11584 QUIET WATERS LANE BOCA RATON, FL 33496				7. Name and Address of New Registered Agent Name THOMAS P. LAND Street Address (P.O. Box Number is Not Acceptable) 11584 QUIET WATERS LANE City BOCA RATON FL Zip Code 33428	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <u>Thomas P. Land</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> 8.1.05 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete NAME LAND, THOMAS P STREET ADDRESS 9601 TAVERNIER DR QUIET WATERS LANE CITY-ST-ZIP BOCA RATON, FL 33496 33428			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PRESIDENT LAND, THOMAS P. STREET ADDRESS 11584 QUIET WATERS LANE CITY-ST-ZIP BOCA RATON, FL 33428		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: <u>Thomas P. Land</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> 8.1.05 <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <small>Daytime Phone #</small> </div> </div>					