

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90125 040 ***150.00

DOCUMENT # P01000068634 1. Entity Name WINNERS LEARNING CENTERS, INC.					
Principal Place of Business 6816 ALOMA AVENUE WINTER PARK, FL 32792 US			Mailing Address 6816 ALOMA AVENUE WINTER PARK, FL 32792 US		
2. Principal Place of Business - No P.O. Box # 3418 S. CONWAY ROAD Suite, Apt. #, etc.		3. Mailing Address 3418 S. CONWAY ROAD Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FLORIDA		4. FEI Number 52-2342387	
Zip 32812		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAKINDE, HELEN A 1751 RACHELS RIDGE LOOP OCOE, FL 34761				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> 04/29/08 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAKINDE, HELEN A 6816 ALOMA AVENUE WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAKINDE HELEN A 1751 RACHELS RIDGE LOOP, OCOEE, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAKINDE, CHARLES A 6816 ALOMA AVENUE WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAKINDE CHARLES A. 1751 RACHELS RIDGE LOOP OCOE, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEMITOPE, MAKINDE M 6816 ALOMA AVENUE WINTER PARK, FL 32792	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAKINDE TEMITOPE-M. 1751 RACHELS RIDGE LOOP, OCOEE, FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/29/08 407-277-0054 <small>Date</small> <small>Daytime Phone #</small>		