2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006360

Entity Name: SAWGRASS LEARNING CENTRE, INC.

FILED Jan 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3111 N. UNIVERSITY DRIVE 6100 CORAL RIDE DRIVE 720 CORAL SPRINGS, FL 33076

CORAL SPRINGS, FL 33065

Current Mailing Address: New Mailing Address:

3111 N. UNIVERSITY DRIVE 6100 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33076

CORAL SPRINGS, FL 33065

FEI Number: 30-0153189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FISHER, LAWRENCE
3111 N. UNIVERSITY DRIVE
720
CORAL SPRINGS, FL 33065 US

EPSTEIN, LESLEY
6100 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076 US

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: EPSTEIN LESLEY 01/08/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: FISHER, LAWRENCE Name: EPSTEIN, LESLEY Address: 3111 N UNIVERSITY DR., STE. 720 Address: 6100 CORAL RIDGE DRIVE

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33076

Title: DVP () Delete Title: DVP (X) Change () Addition Name: EPSTEIN, LESLEY Name: EPSTEIN, LESLEY

Address: 3111 N UNIVERSITY DR., STE. 720 Address: 6100 CORAL RIDGE DRIVE City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EPSTEIN LESLEY DP 01/08/2008