2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081299

Address:

City-St-Zip:

5428 GENE CIRCLE

WEST PALM BEACH, FL 33415

Entity Name: RYAN'S LEARNING ACADEMY, INC

FILED Apr 30, 2007 Secretary of State

Entity Na	me: RYAN'SI	LEARNING ACADEMY, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P.O. BOX 3254 WEST PALM BEACH, FL 334023254				2580 METROCENTRE BOULEVARD	
			3 WEST PALM BEACH,	WEST PALM BEACH, FL 33407	
Current N	lailing Addres	ss:	New Mailing Addres	New Mailing Address:	
P.O. BOX WEST PA	3254 LM BEACH, FI	L 334023254			
FEI Number	: 56-2380127	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MILLIGAN, ALPHONSO S ESQ. 2580 METROCENTRE BLVD.,STE. 6 WEST PALM BEACH, FL 33407 US				MILLIGAN, ALPHONSO S ESQ. 784 US HIGHWAY ONE	
			1 NORTH PALM BEACI	NORTH PALM BEACH, FL 33408 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				04/30/2007	
	Electron	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MILLIGAN, AND P.O. BOX 2117		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MILLIGAN, ALF P.O. BOX 3254		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D (X MONTOYA, SA) Delete NDRA F	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ALPHONSO S. MILLIGAN PRES 04/30/2007