

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036533

FILED
Jan 18, 2007
Secretary of State

Entity Name: SCHOOL BOUND LEARNING CENTER, CORP.

Current Principal Place of Business:

11880 W. STATE ROAD 84
BLDG D, SUITE 1 & 2
DAVIE, FL 33323

New Principal Place of Business:

Current Mailing Address:

11880 W. STATE ROAD 84
BLDG D, SUITE 1 & 2
DAVIE, FL 33323

New Mailing Address:

FEI Number: 20-0822910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRALEY & OTTO, P.A.
2699 STIRLING ROAD
SUITE C-207
FT. LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LULO, ROBERT
Address: 11880 W. STATE ROAD 84,BLDG D STE 1&2
City-St-Zip: DAVIE, FL 33323 US

Title: VP () Delete
Name: LULO, SHANNON
Address: 11880 W. STATE ROAD 84,BLDG D STE 1&2
City-St-Zip: DAVIE, FL 33323 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANNON LULO

VP

01/18/2007

Electronic Signature of Signing Officer or Director

_____ Date