

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

|                                              |                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000054039</b>               |  |
| <b>1. Entity Name</b><br>REAL LEARNING, INC. |                                                                                   |

**Principal Place of Business**  
57 SPARROW DRIVE  
ROYAL PALM BEACH, FL 33411

**Mailing Address**  
57 SPARROW DRIVE  
ROYAL PALM BEACH, FL 33411



03152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                    |                               |
|------------------------------------|-------------------------------|
| <b>4. FEI Number</b><br>20-0859924 | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

TAPLIN, PAM  
57 SPARROW DRIVE  
ROYAL PALM BEACH, FL 33411

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IN THIS SPACE**

**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.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

000000474784  
04/04/06-80038-007 150.00

**10. OFFICERS AND DIRECTORS**

|                       |                            |
|-----------------------|----------------------------|
| <b>TITLE</b>          | P/D                        |
| <b>NAME</b>           | TAPLIN, PAM                |
| <b>STREET ADDRESS</b> | 57 SPARROW DRIVE           |
| <b>CITY-ST-ZIP</b>    | ROYAL PALM BEACH, FL 33411 |
| <b>TITLE</b>          | VP/D                       |
| <b>NAME</b>           | CRITCHLOW, STACEY          |
| <b>STREET ADDRESS</b> | 13176 53RD COURT           |
| <b>CITY-ST-ZIP</b>    | ROYAL PALM BEACH, FL 33411 |
| <b>TITLE</b>          | T                          |
| <b>NAME</b>           | TAPLIN, COURTNEY           |
| <b>STREET ADDRESS</b> | 57 SPARROW DRIVE           |
| <b>CITY-ST-ZIP</b>    | ROYAL PALM BEACH, FL 33411 |
| <b>TITLE</b>          | S/D                        |
| <b>NAME</b>           | TAPLIN, ROY                |
| <b>STREET ADDRESS</b> | 57 SPARROW DRIVE           |
| <b>CITY-ST-ZIP</b>    | ROYAL PALM BEACH, FL 33411 |
| <b>TITLE</b>          |                            |
| <b>NAME</b>           |                            |
| <b>STREET ADDRESS</b> |                            |
| <b>CITY-ST-ZIP</b>    |                            |
| <b>TITLE</b>          |                            |
| <b>NAME</b>           |                            |
| <b>STREET ADDRESS</b> |                            |
| <b>CITY-ST-ZIP</b>    |                            |

**DO NOT WRITE  
IN THIS SPACE**

**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:** Garnela D. Taplin, Pres. 3/15/06 561-790-0508  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #