2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007
Secretary of State

DOCUMENT# P04000092006

Entity Name: LEARNING 2 GROW, INC.

Current Principal Place of Business:

17340 NW 29 AVE
MIAMI GARDENS, FL 33056

New Principal Place of Business:

Current Mailing Address:

17340 NW 29 AVE
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: 72-1611228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNIGHT, TOSHA
17340 NW 29 AVE
MIAMI GARDENS, FL 33056 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/T ( ) Delete
Name: KNIGHT, TOSHA
Address: 17340 NW 29 AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: V/M ( ) Delete
Name: REDMON, NICOLE
Address: 4819 SW 20 STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: T/D ( ) Delete
Name: BEARD, SHAWNTRICE
Address: 17340 NW 29 AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: O ( ) Delete
Name: WOODS, JOVONTE ACT/DIR
Address: 17340 NW 29 AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: O ( ) Delete
Name: ROBERTS, LESHARI ACT/DIR
Address: 4819 SW 20 STREET
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: TOSHA KNIGHT PRES 06/08/2007

Electronic Signature of Signing Officer or Director Date