## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000001365

Entity Name: RIVERBEND LEARNING CENTER, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2235 VETRANS MEMORIAL PKWY PSL, FL 34952

**Current Mailing Address: New Mailing Address:** 

2235 VETRANS MEMORIAL PKWY PSL, FL 34952

FEI Number: 86-1128463 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:

MARTIN, FREDERICK W 2235 VETRANS MEMORIAL PKWY PSL, FL 34952 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:

City-St-Zip:

Electronic Signature of Registered Agent Date

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition MARTIN, FREDERICK MARTIN, FREDERICK P Name: Name: 2449 SE WISHBONE RD 2449 SE WISHBONE RD Address: Address: City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: PORT ST LUCIE, FL 34952

Title: VΡ Title: VΡ () Delete (X) Change ( ) Addition Name: MARTIN, FREDERICK W Name: MARTIN, FREDERICK W VP 2235 VETRANS MEMORIAL PKWY 2607 SE SNAPPER ST Address: Address: PSL, FL 34952 PSL, FL 34952

Title: Title: (X) Change ( ) Addition TRES ( ) Delete TRES

MARTIN, KELLY F MARTIN, KELLY F TRES Name: Name: 2235 VETRANS MEMORIAL PKWY 2607 SE SNAPPER ST Address: Address: City-St-Zip: PSL, FL 34952 City-St-Zip: PSL, FL 34952

Title: SEC ( ) Delete Title: (X) Change ( ) Addition

MARTIN, RUTH A MARTIN, RUTH A SEC Name: Name: Address: 2235 VETRANS MEMORIAL PKWY Address: 2449 SE WISHBONE RD

City-St-Zip: City-St-Zip: PSL, FL 34952 PSL, FL 34952

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: KELLY F MARTIN **TRES** 04/24/2008