

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000027183

FILED
Jan 08, 2007
Secretary of State

Entity Name: LIFE LONG LEARNING CENTER, INC

Current Principal Place of Business:

5105 HICKORY DRIVE
FT PIERCE, FL 34982 US

New Principal Place of Business:

1699 SW SOUTHWORTH TERRACE
PORT SAINT, FL 34953 US

Current Mailing Address:

5105 HICKORY DRIVE
FT PIERCE, FL 34982 US

New Mailing Address:

1699 SW SOUTHWORTH TERRACE
PORT SAINT LUCIE, FL 34953 US

FEI Number: 20-2331301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWIHART, HENRY R
5105 HICKORY DRIVE
FT PIERCE, FL 34982 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: SWIHART, HENRY R
Address: 5105 HICKORY DRIVE
City-St-Zip: FT PIERCE, FL 34982

Title: VP () Delete
Name: SWIHART, CHARLES H
Address: 5105 HICKORY DRIVE
City-St-Zip: FT PIERCE, FL 34982

Title: TRES () Delete
Name: SWIHART, HENRY R
Address: 5105 HICKORY DRIVE
City-St-Zip: FT PIERCE, FL 34982

Title: SEC () Delete
Name: SWIHART, CHARLES H
Address: 5105 HICKORY DRIVE
City-St-Zip: FT PIERCE, FL 34892

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SWIHART, CHARLES H
Address: 1699 SW SOUTHWORTH TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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

Title: SEC (X) Change () Addition
Name: SWIHART, CHARLES H
Address: 1699 SW SOUTHWORTH TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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: CHARLES H SWIHART

VP

01/08/2007

Electronic Signature of Signing Officer or Director

Date