2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# P05000049891

Entity Name: IMAGINE LEARNING CENTER, INC.

Current Principal Place of Business:

4830 NW 23RD AVE.
GAINESVILLE, FL 32606 US

New Principal Place of Business:

4840 NW 23RD AVE.
GAINESVILLE, FL 32606 US

Current Mailing Address:

1411 NW 7TH RD
GAINESVILLE, FL 32603 US

New Mailing Address:

FEI Number: 20-2685599 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENTZ, JAMES A
1411 NW 7TH RD
GAINESVILLE, FL 32603 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: MENTZ, JAMES A
Address: 1411 NW 7TH RD
City-St-Zip: GAINESVILLE, FL 32603

Title: D ( ) Delete
Name: PORTER, DANIELLA S
Address: 3229 NW 24TH AVE
City-St-Zip: GAINESVILLE, FL 32605

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 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: JAMES MENTZ P 02/18/2009

Electronic Signature of Signing Officer or Director Date