

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065621

FILED
Jan 12, 2009
Secretary of State

Entity Name: THE LEARNING CLINIC, INC.

Current Principal Place of Business:

2826 SE LAKE WEIR AVE.
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

12049 SE 176TH PLACE RD.
SUMMERFIELD, FL 34491

New Mailing Address:

FEI Number: 84-1678859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, DARLYN
12049 SE 176TH PLACE RD
SUMMERFIELD, FL 34491 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: D () Delete
Name: SANDERS, DARLYN T
Address: 1531 SE 36TH AVENUE
City-St-Zip: OCALA, FL 34471 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: SANDERS, DARLYN T
Address: 12049 SE 176TH PLACE ROAD
City-St-Zip: SUMMERFIELD, FL 34491 US

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: DARLYN T. SANDERS

DIR

01/12/2009

Electronic Signature of Signing Officer or Director

Date