

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093945

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** BROWNING LEARNING CENTER, INC.

**Current Principal Place of Business:**

961 EASTBRIDGE DRIVE  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

961 EASTBRIDGE DRIVE  
OVIEDO, FL 32765 US

**New Mailing Address:**

**FEI Number:** 20-3113145

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOLTUN, JEFFREY M  
557 NORTH WYMORE ROAD, SUITE 100  
MAITLAND, FL 32751 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BROWNING, RONALD S  
Address: 1179 OSPREY WAY  
City-St-Zip: APOPKA, FL 32712

Title: VSD  
Name: BROWNING, SHARON M  
Address: 1179 OSPREY WAY  
City-St-Zip: APOPKA, FL 32712

Title: D  
Name: BROWNING, VICTORIA J  
Address: 2799 WEST LIVE OAK LANE  
City-St-Zip: LECANTO, FL 34461

Title: D  
Name: BROWNING, RONALD A J  
Address: 2799 WEST LIVE OAK LANE  
City-St-Zip: LECANTO, FL 34461

I hereby 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 all other like empowered.

SIGNATURE: SHARON BROWNING

V

03/16/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date