
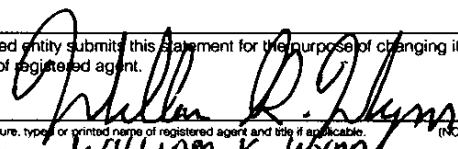
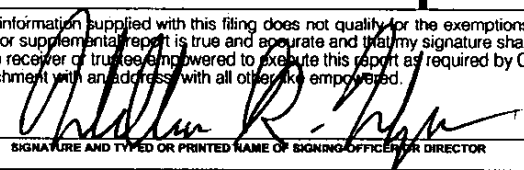


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90029 028 \*\*\*150.00

<b>DOCUMENT # P05000094668</b> 1. Entity Name <b>LEARNING FOR THE FUTURE INC.</b>			
Principal Place of Business <b>1705 ROSE BOULEVARD ORLANDO, FL 32839 US</b>		Mailing Address <b>P.O. BOX 608353 ORLANDO, FL 32860</b>	
2. Principal Place of Business - No P.O. Box # <b>Same</b>		3. Mailing Address <b>P.O. Box 560477</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State 		City & State <b>Orlando, FL</b>	
Zip 	Country 	Zip <b>32822</b>	Country <b>USA</b>
4. FEI Number <b>81-0675273</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WYNN, WILLIAM K 5000 DANNY BOY CIRCLE ORLANDO, FL 32808</b>		7. Name and Address of New Registered Agent Name <b>WILLIAM K. Wynn</b> Street Address (P.O. Box Number is Not Acceptable) <b>3304 S. Semoran Blvd Apt 11</b> City <b>Orlando, FL</b> Zip Code <b>32822</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  DATE <b>4/25/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WYNN, WILLIAM K 5000 DANNY BOY CIRCLE ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAM Wynn 3304 S. Semoran Blvd. Apt. 11 Orlando, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WYNN, DEZZARE 5000 DANNY BOY CIRCLE ORLANDO, FL 32808	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V - Director DEZZARE Wynn 3304 S. Semoran Blvd Apt 11 Orlando, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: 		4/25/07 407-552-1903	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	