

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000152002

FILED
May 02, 2007
Secretary of State

Entity Name: THE POWER TO LEARN INC.

Current Principal Place of Business:

19211 ROBIN PERCH LANE
TAMPA, FL 33647

New Principal Place of Business:

11200 DR MLK DR
SEFFNER, FL 33584

Current Mailing Address:

19211 ROBIN PERCH LANE
TAMPA, FL 33647

New Mailing Address:

PO BOX 47807
TAMPA, FL 33647

FEI Number: 20-4003392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHEEK, DEBORAH D
19211 ROBIN PERCH LANE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

CHEEK, DEBORAH D
6212 ASHBURY PALMS DR
TAMPA, FL 33647 US

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:

05/02/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHEEK, DEBORAH D
Address: 19211 ROBIN PERCH LANE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHEEK, DEBORAH D
Address: 6212 ASHBURY PALMS DR
City-St-Zip: TAMPA, FL 33647

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: DEBORAH D. CHEEK

P

05/02/2007

Electronic Signature of Signing Officer or Director

Date