

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90007 045 \*\*\*150.00

<b>DOCUMENT # P06000003113</b> 1. Entity Name <b>THE LEARNING FACTORY OF PANAMA CITY, INC.</b>			
Principal Place of Business <b>522 JOSEPH CIRCLE</b> <b>SOUTHPORT, FL 32409 US</b>		Mailing Address <b>522 JOSEPH CIRCLE</b> <b>SOUTHPORT, FL 32409 US</b>	
2. Principal Place of Business - No P.O. Box # <b>601 Kraft Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>601 Kraft Ave</b> Suite, Apt. #, etc.	
City & State <b>Panama City, FL</b>		City & State <b>Panama City, FL</b>	
Zip <b>32401</b>		Zip <b>32401</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-4055386</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>HELMS, SHAWN D</b> <b>522 JOSEPH CIRCLE</b> <b>SOUTHPORT, FL 32409</b>		7. Name and Address of New Registered Agent Name <b>Shawn D. Helms</b> Street Address (P.O. Box Number is Not Acceptable) <b>522 Joseph Circle</b> City <b>Panama City</b> <b>FL</b> Zip Code <b>32409</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 <span style="float: right;">02/14/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <b>HELMS, SHAWN D</b> <b>522 JOSEPH CIRCLE</b> <b>SOUTHPORT, FL 32409</b>	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
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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:		02/14/07 <span style="float: right;">850 215-9807</span>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	