# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2009**
**Secretary of State**

DOCUMENT# P06000015313

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

**Current Principal Place of Business:**

3359 BELVEDERE ROAD,SUITE T
SUITE S
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

3359 BELVEDERE ROAD,
SUITE S
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

3359 BELVEDERE ROAD,SUITE T
SUITE S
WEST PALM BEACH, FL 33406

**New Mailing Address:**

3359 BELVEDERE ROAD,
SUITE S
WEST PALM BEACH, FL 33406

**FEI Number: 51-0567667** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COATS, ALEESA M
504 WALKER AVENUE
GREENACRES, FL 33463 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

**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/D ( ) Delete
Name: COATS, ALEESA M
Address: 504 WALKER AVENUE
City-St-Zip: GREENACRES, FL 33463

Title: VP/D ( ) Delete
Name: MANSELL, DANIELLE
Address: 1371 EDEN DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T/S ( ) Delete
Name: COATS, ALEESA M
Address: 504 WALKER AVENUE
City-St-Zip: GREENACRES, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALEESA COATS P/D 05/01/2009

Electronic Signature of Signing Officer or Director Date