

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000072151

FILED
May 14, 2007
Secretary of State

Entity Name: LEAP FROG LEARNING ACADEMY INC.

Current Principal Place of Business:

519 W 19TH STREET
#1
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

1136 E. 34TH STREET
JACKSONVILLE, FL 32206 US

Current Mailing Address:

519 W 19TH STREET
#1
JACKSONVILLE, FL 32206 US

New Mailing Address:

1136 E. 24TH STREET
JACKSONVILLE, FL 32206 US

FEI Number: 20-4919703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, DEIRDRE L
519 W 19TH STREET
#1
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

JOHNSON, DEIRDRE L
1136 E. 24TH STREET
JACKSONVILLE, FL 32206 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:

05/14/2007

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: JOHNSON, DEIRDRE L
Address: 519 W 19TH STREET #1
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: VP (X) Delete
Name: MIXSON, KATRINA A
Address: 519 W 19TH STREET #1
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: T () Delete
Name: COUSAR, SATAJ L
Address: 6860 ARLINGTON EXPRESSWAY
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, DEIRDRE L
Address: 1136 E. 24TH STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

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: DEIRDRE JOHNSON

P

05/14/2007

Electronic Signature of Signing Officer or Director

Date