2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000092056

Entity Name: THE LEARNING CHEST INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2200 STRATFORD DR. 447 N. LIME AVE. SARASOTA, FL 34232 SARASOTA, FL 34237

Current Mailing Address: New Mailing Address:

2200 STRATFORD DR. 447 N. LIME AVE SARASOTA, FL 34232 SARASOTA, FL 34237

FEI Number: 20-5232388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MANNING, DANA E TREECE, DANA E 2200 STRÁTFORD DR. 1801 CHADWICK RD. SARASOTA, FL 34232 US ENGLEWOOD, FL 34223 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: DANA E. TREECE 04/24/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS: PRFS

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PRFS** (X) Change () Addition

MANNING, DANA E Name: Name: TREECE, DANA E 2200 STRATFORD DR. 1801 CHADWICK RD. Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: ENGLEWOOD, FL 34223

VΡ Title: VΡ Title: () Delete (X) Change () Addition

Name: MANNING, DANA E Name: TREECE, DANA E 2200 STRATFORD DR. 1801 CHADWICK RD. Address: Address: SARASOTA, FL 34232 ENGLEWOOD, FL 34223 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition SEC () Delete SEC

MANNING, DANA E TREECE, DANA E Name: Name: 2200 STRATFORD DR. 1801 CHADWICK RD Address: Address: City-St-Zip: SARASOTA, FL 34232 City-St-Zip: ENGLEWOOD, FL 34223

Title: TRES () Delete Title: **TRES** (X) Change () Addition

MANNING, DANA E TREECE, DANA E Name: Name: Address: 2200 STRATFORD DR. Address: 1801 CHADWICK RD. City-St-Zip: City-St-Zip: SARASOTA, FL 34232 ENGLWOOD, FL 34223

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: DANA E. TREECE **PRES** 04/24/2008