

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000119894

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: BEHAVIORAL LEARNING SYSTEMS, INC.

## Current Principal Place of Business:

21520 S.E. 72ND LANE  
HAWTHORNE, FL 32640

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 513  
HAWTHORNE, FL 32640

## New Mailing Address:

FEI Number: 20-5608606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PULCINI, JANICE G D  
P. O. BOX 513  
HAWTHORNE, FL 32640 US

## Name and Address of New Registered Agent:

PULCINI, JANICE G  
P. O. BOX 513  
HAWTHORNE, FL 32640 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: JANICE G. PULCINI

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PULCINI, JANICE G D  
Address: P. O. BOX 513  
City-St-Zip: HAWTHORNE, FL 32640

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OWNE (X) Change ( ) Addition  
Name: PULCINI, JANICE G  
Address: P. O. BOX 513  
City-St-Zip: HAWTHORNE, FL 32640

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: JANICE G. PULCINI

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date