

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90024 028 \*\*\*150.00

<b>DOCUMENT # P07000002284</b> 1. Entity Name <b>TENDER HEARTS LEARNING CENTER, INC.</b>					
Principal Place of Business <b>13480 ASHFORD WOOD CT. W. JACKSONVILLE, FL 32218 US</b>			Mailing Address <b>13480 ASHFORD WOOD CT. W. JACKSONVILLE, FL 32218 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>76-0846398</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JOHNSON, MUHAMMAD RA 13480 ASHFORD WOOD CT. W. JACKSONVILLE, FL 32218</b>				7. Name and Address of New Registered Agent Name <b>Johnson, Deidra RA</b> Street Address (P.O. Box Number is Not Acceptable) <b>13480 Ashford Wood Ct. W.</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32218</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 <u><i>Deidra Johnson</i></u> <u><i>O/P</i></u> <u><i>01/29/08</i></u> <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 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OP JOHNSON, DEIDRA 13480 ASHFORD WOOD CT. W. JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, MUHAMMAD K 13480 ASHFORD WOOD CT. W. JACKSONVILLE, FL 32218	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, GLINDA 11302 FORESTDALE RD JACKSONVILLE, FL 32218	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Griffin, Rosie 2204 Martin St. Pascagoula, MS 39581	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Griffin, Kenneth 2204 Martin St. Pascagoula, MS 39581	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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: <u><i>Deidra Johnson</i></u> <u><i>Deidra Johnson</i></u> <u><i>01/29/08</i></u> <u><i>(904) 714-1436</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					