

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037796

Entity Name: LEARNING TREE PLUS, INC

FILED
May 25, 2009
Secretary of State

Current Principal Place of Business:

3865 BECONTREE PLACE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 222
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 20-8748544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON-SENAT, MONICA D
225 S. SWOOPE AVENUE
SUITE 211
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

ROBINSON, MONICA D
225 S. SWOOPE AVENUE
SUITE 207
MAITLAND, FL 32751 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: MONICA ROBINSON

05/25/2009

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: ROBINSON-SENAT, MONICA D
Address: P.O. BOX 222
City-St-Zip: GOLDENROD, FL 32733

Title: VP () Delete
Name: FORBES, SHECARA M
Address: P.O. BOX 678730
City-St-Zip: ORLANDO, FL 32867

Title: S (X) Delete
Name: SENAT, ULRICK
Address: P.O. BOX 222
City-St-Zip: GOLDENROD, FL 32733

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ROBINSON, MONICA D
Address: P.O. BOX 222
City-St-Zip: GOLDENROD, FL 32733

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: MONICA ROBINSON

P

05/25/2009

Electronic Signature of Signing Officer or Director

Date