2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2008
Secretary of State

DOCUMENT# P07000075688

Entity Name: HANDS ON LEARNING PRESCHOOL AND LEARNING CENTER.INC

Current Principal Place of Business:

11811 STATE RD.52
HUDSON, FL 34669

New Principal Place of Business:

Current Mailing Address:

8724 HUNSTMEN LN
PORT RICHEY, FL 34668

New Mailing Address:

11811 STATE RD.52
HUDSON, FL 34669

FEI Number: 56-2668131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOROZOVIC, AZEMINA
8724 HUNSTMAN LN
POTR RICHEY, FL 34668 US

Name and Address of New Registered Agent:

HOROZOVIC, AZEMINA
11811 STATE RD. 52
HUDSON, FL 34669 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: 08/17/2008
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: HOROZOVIC, AZEMINA
Address: 8724 HUNSTMAN LN
City-St-Zip: PORT RICHEY, FL 34668

Title: VP ( ) Delete
Name: HOROZOVIC, SUVAD
Address: 8724 HUNSTMAN LN
City-St-Zip: PORT RICHEY, FL 34668 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HOROZOVIC, AZEMINA
Address: 11811 STATE RD. 52
City-St-Zip: HUDSON, FL 34669

Title: VP (X) Change ( ) Addition
Name: HOROZOVIC, SUVAD
Address: 11811 STATE RD. 52
City-St-Zip: HUDSON, FL 34669 US

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: HOROZOVIC SUVAD VP 08/17/2008
Electronic Signature of Signing Officer or Director Date