

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097051

FILED
Apr 01, 2009
Secretary of State

Entity Name: LEARNING TIME ACADEMY, INC.

Current Principal Place of Business:

5301 RICKER ROAD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5301 RICKER ROAD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 26-0832407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALIVOSO-ROBERTS, SHEILA
3071 LITHCFIELD DRIVE
ORANGE PARK, FL 32210 US

Name and Address of New Registered Agent:

CALIVOSO-ROBERTS, SHEILA
5301 RICKER ROAD
JACKSONVILLE, FL 32210 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: SHEILA CALIVOSO ROBERTS

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CALIVOSO-ROBERTS, SHEILA
Address: 3071 LITCHFIELD DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: VP () Delete
Name: ROBERTS, MICHAEL J
Address: 3071 LITCHFIELD DRIVE
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CALIVOSO-ROBERTS, SHEILA
Address: 5301 RICKER ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP (X) Change () Addition
Name: ROBERTS, MICHAEL J
Address: 5301 RICKER ROAD
City-St-Zip: JACKSONVILLE, FL 32210

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: MICHAEL JOHN ROBERTS

VP

04/01/2009

Electronic Signature of Signing Officer or Director

Date