## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000050828

FILED Apr 24, 2009 Secretary of State

Entity Name: CANDY CORNER LEARNING CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 6706 N ARMENIA AVENUE TAMPA, FL 33604 **Current Mailing Address: New Mailing Address:** 6706 N ARMENIA AVENUE TAMPA, FL 33604 FEI Number: 26-2653956 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: POTTS, LOREN B LEVY, AUDRE 1304 S DESOTO AVENUE SUITE 200 5401 WEST SLAUSON TAMPA, FL 33606 TAMPA, FL 33606 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: AUDRE LEVY 04/24/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LEVY, AUDRE Name: Name: 5401 SLAUSAN AVENUE Address: Address: City-St-Zip: LOS ANGELES, CA 90056 US City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition LEVY, SHAMBRAY Name: Name: 105 S HABANA AVENUE Address: Address: TAMPA, FL 33609 US City-St-Zip: 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: AUDRE LEVY **PRES** 04/24/2009