2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 28, 2009
Secretary of State

DOCUMENT# P08000093099

Entity Name: LEARNING EMPORIUM, INC

Current Principal Place of Business:

17330 NW 27 AVE
MIAMI GARDENS, FL 33056 US

New Principal Place of Business:

Current Mailing Address:

17330 NW 27 AVE
MIAMI GARDENS, FL 33056 US

New Mailing Address:

FEI Number: 26-3476827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOUSE, JACYNTA R
17330 NW 27 AVE
MIAMI GARDENS, FL 33056 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: HOUSE, JACYNTA R
Address: 17330 NW 27 AVE
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: P ( ) Delete
Name: WILLIAMS-MOBLEY, DEBORAH J
Address: 18210 NW 49 AVE
City-St-Zip: MIAMI GARDENS, FL 33055 US

Title: SEC ( ) Delete
Name: FRANCIS, LATONYA
Address: 17330 NW 27 AVE
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: TRES ( ) Delete
Name: WILLIAMS-MOBLEY, DEBORAH
Address: 17330 NW 27 AVE
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: CKO (X) Delete
Name: BROWNING-CRAWFORD, FELICIA
Address: 17330 NW 27 AVE
City-St-Zip: MIAMI GARDENS, FL 33056 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change ( ) Addition
Name: FRANCIS, LATONYA
Address: 17330 NW 27 AVE
City-St-Zip: MIAMI GARDENS, FL 33056 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CKO (X) Change ( ) Addition
Name: CRAWFORD, FELICIA
Address: 17330 NW 27 AVE
City-St-Zip: MIAMI GARDENS, FL 33056 US

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: JACYNTA R HOUSE CEO 08/28/2009

Electronic Signature of Signing Officer or Director Date