

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095276

FILED
Jan 19, 2009
Secretary of State

Entity Name: PATHWAYS 2 EXCELLENCE LEARNING SERVICES, INC.

Current Principal Place of Business:

11846 MEIGS LANE
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

11846 MEIGS LANE
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 26-3596029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEEMA JAIN, CPA, PA
8875 HIDDEN RIVER PKWY
SUITE 300
TAMPA, FL 33637 US

Name and Address of New Registered Agent:

THOMAS, ROBERT G
11846 MEIGS LANE
DADE CITY, FL 33525 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: ROBERT THOMAS

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, ROBERT G
Address: 11846 MEIGS LANE
City-St-Zip: DADE CITY, FL 33525 US

Title: VP () Delete
Name: THOMAS, CASSANDRA P
Address: 11846 MEIGS LANE
City-St-Zip: DADE CITY, FL 33525 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ROBERT THOMAS

P

01/19/2009

Electronic Signature of Signing Officer or Director

Date