

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000010937

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** SWAINE LEARNING SYSTEMS, INC.

**Current Principal Place of Business:**

9534 WISPYWOODS DRIVE  
SEBRING, FL 33875

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7834  
SEBRING, FL 33871

**New Mailing Address:**

**FEI Number:** 26-4372859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWAINE, ROBERT S  
425 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** VP  
**Name:** SWAINE, WILL  
**Address:** P.O. BOX 7834  
**City-St-Zip:** SEBRING, FL 33871

**Title:** PST  
**Name:** SWAINE, NIKKI S  
**Address:** P.O. BOX 7834  
**City-St-Zip:** SEBRING, FL 33871

I hereby 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 all other like empowered.

**SIGNATURE:** WILL SWAINE

VP

01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date