

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000019386

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** LEARNING FOUNDATION MANAGEMENT, INC.

**Current Principal Place of Business:**

14607 BRICK PLACE  
TAMPA, FL 33626

**New Principal Place of Business:**

**Current Mailing Address:**

14607 BRICK PLACE  
TAMPA, FL 33626

**New Mailing Address:**

PO BOX 320938  
TAMPA, FL 33679

**FEI Number:** 26-4420224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRANKEL, LORRI M  
1604 CULBREATH ISLES DR  
TAMPA, FL 33629 US

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

FRANKEL, LORRI M  
4935 W BAY WAY PLACE  
TAMPA, FL 33629 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/21/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: FRANKEL, LORRI M  
Address: 4935 W BAY WAY PL  
City-St-Zip: TAMPA, FL 33629

Title: SEC  
Name: FRANKEL, CHRISTOPHER L  
Address: 4935 W BAY WAY PL  
City-St-Zip: TAMPA, FL 33629

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: CHRISTOPHER L. FRANKEL

SEC

03/21/2012

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

\_\_\_\_\_  
Date