

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000079941

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** GOLDEN GATE LEARNING CENTER, INC

**Current Principal Place of Business:**

10410 N. CONNECHUSETT RD  
TAMPA, FL 33617

**New Principal Place of Business:**

1216 E. LINEBAUGH AVE  
TAMPA, FL 33612

**Current Mailing Address:**

PO BOX 290594  
TAMPA, FL 33687

**New Mailing Address:**

1216 E. LINEBAUGH AVE  
TAMPA, FL 33612

**FEI Number:** 90-0517219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, KENDRA  
10410 N. CONNECHUSETT RD  
TAMPA, FL 33617 US

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

WILLIAMS, KENDRA  
1216 E. LINEBAUGH AVE  
TAMPA, FL 33612 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

04/23/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILLIAMS, KENDRA  
Address: PO BOX 290594  
City-St-Zip: TAMPA, FL 33687

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: KENDRA D. WILLIAMS

P

04/23/2011

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

\_\_\_\_\_  
Date