

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015963

FILED
Apr 23, 2008
Secretary of State

Entity Name: PANDA HUGS LEARNING CENTER, INC.

Current Principal Place of Business:

15051 BRUCE B DOWN BLVD.
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

15051 BRUCE B DOWNS BLVD.
TAMPA, FL 33647 US

New Mailing Address:

15051 BRUCE B DOWN BLVD.
TAMPA, FL 33647 US

FEI Number: 59-3365060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLBAUGH, SUE ANNE
15051 BRUCE B DOWNS BLVD
TAMPA, FL 33647 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: PRES () Delete
Name: ALLBAUGH, SUE ANNE MRS
Address: 15051 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33647

Title: SEC/ () Delete
Name: DRISCOLL, ANDREA L MRS
Address: 35716 WELBY CT.
City-St-Zip: ZEPHYRHILLS, FL 33541

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: ANDREA L DRISCOLL

SEC

04/23/2008

Electronic Signature of Signing Officer or Director

_____ Date