2008 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Apr 29, 2008 08:00 AN Secretary of State **DOCUMENT # P97000019567** 1. Entity Name THE LEARNING TREE OF ARTS, INC. Principal Place of Business Mailing Address 13863 S. DIXIE HWY 23300 SW 152 COURT MIAMI, FL 33176 US HOMESTEAD, FL 33032 04082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0762637 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent TUCKFIELD, ILENE F ESQ. DO NOT WRITE 12720 S.W. 147TH STREET MIAMI, FL 33186 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. ÇATE (NOTE: Registered Agent signature required when renetating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE TENN YUK, KARYN NAME STREET ADDRESS 23300 SW 152 COURT CITY-ST-7/P HOMESTEAD, FL 33032 U00000931753 05/22/08-80026-023 150.00 TITLE NAME TENN YUK, THEODORE 23300 SW 152 COURT STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33032 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	KARYN TENNYLIK	4/28/08	3059714080
SIGNATURE AND TYPED OR PRINTED HA	HE OF SIGNING OFFICER OR DIRECTOR	77 Date	Daytime Phone #