


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90038 045 ***150.00

DOCUMENT # P97000077213	
1. Entity Name THE S.E.S. LEARNING CURVE INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7032 CHARLESTON SHORES BLVD		3. Mailing Address 312 N.E. 17th AVE	
Suite, Apt. #, etc.		600 Apt. #, etc. #102	
City & State LAKE WORTH FLORIDA		City & State BOYNTON BEACH FL	
Zip 33467	Country PAUM BEACH	Zip 33435	Country PAUM BEACH

50027306

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0780809		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name ALLEN BOSWORTH, ATTY AT LAW			
Street Address (P.O. Box Number is Not Acceptable) 507 SOUTHEAST 11th COURT			
City FORT LAUDERDALE		FL	Zip Code 33316

**DO NOT WRITE
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.	(NOTE: Registered Agent signature required when reinstating)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZYLSTRA IRVIN J. 312 N.E. 17th AVE #102 BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ZYLSTRA JOAN R. 312 N.E. 17th AVE. #102 BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD: JANE E. SCHARPS 7780 STONE HARBOUR DR. APT. 2 LAKE WORTH, FL 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **IRVIN J. ZYLSTRA** *Irvin J. Zylstra* **3/12/05** **561-737-3621**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)