2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000077213

FILED Jan 05, 2009 Secretary of State

Entity Nan	ne: THE S.E.S	S. LEARNING CURVE, INC.					
Current Pr	incipal Place	of Business:	New Pri	New Principal Place of Business:			
	RLESTON SHO RTH, FL 33467						
Current Ma	ailing Addres	s:	New Ma	New Mailing Address:			
	STRATTON D LUCIE, FL 349						
FEI Number:	65-0780809	FEI Number Applied For ()	FEI Number Not Ap	oplicable ()	Certificate of Status De	sired ()	
Name and	Address of C	urrent Registered Agent:	Name ar	nd Address of	f New Registered Agen	nt:	
507 SOUTH	SWORTH, AT HEAST 11TH (DERDALE, FL						
The above in the State		ubmits this statement for the p	ourpose of changing	g its registered	d office or registered age	ent, or both,	
SIGNATUR		ic Signature of Registered Age	\nt		Date		
Election Carr		Trust Fund Contribution ().	511L		Date		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PDS () ZYLSTRA, IRVII 312 NE 17TH AV BOYNTON BEAR	/E #102	Title: Name: Address: City-St-Zip	ZYLSTRA, IF 10449 S.W.	(X) Change ()Addition RVIN J STRATTON DR. JCIE, FL 34987		

Title:

Name:

Address:

City-St-Zip:

Title: () Delete ZYLSTRA, JOAN R Name: Address: 312 NE 17TH AVE #102 BOYNTON BEACH, FL 33435 City-St-Zip:

Title: () Delete SD Name: SCHAAPS, JANE E Address: 5262 CANOE BEND DR

City-St-Zip:

Title: Name: Address: LAKE WORTH, FL 33463 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: IRVIN J. ZYLSTRA **PDS** 01/05/2009

(X) Change () Addition

() Change () Addition

ZYLSTRA, JOAN R

10449 S.W. STRATTON DR.

PORT ST. LUCIE, FL 34987