2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104015

City-St-Zip:

JACKSONVILLE, FL 32246

FILED May 10, 2009 Secretary of State

Entity Name: SABAL LEARNING SYSTEMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 1263 NORWICH RD. JACKSONVILLE, FL 32207 **Current Mailing Address: New Mailing Address:** 1263 NORWICH RD. JACKSONVILLE, FL 32207 FEI Number: 59-3612096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OTT, CAMILLE 1263 NORWICH ROAD JACKSONVILLE, FL 32207 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 Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition

JORDAN, PAUL B JORDAN, PAUL B Name: Name: 1977 WOODLEIGH DRIVE WEST 1977 WOODLEIGH DRIVE WEST Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32211 Title: Title: (X) Change () Addition () Delete DST OTT, CAMILLE Name: Name: OTT, CAMILLE 1263 NORWICH RD. 1263 NORWICH RD. Address: Address: JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition DVP COLEMAN, RONALD L Name: COLEMAN, RONALD L Name: 1748 ASTON HALL DRIVE EAST 1748 ASTON HALL DRIVE EAST Address: Address:

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.

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SIGNATURE: CAMILLE MOTT SEC 05/10/2009