

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-16-2005 90042 038 ***150.00

DOCUMENT # S96175
 1. Entity Name
THE LEARNING CONNECTION COMPANY



Principal Place of Business: **19 DEVANE FROSTPROOF FL 33843 US**
 Mailing Address: **PO BOX 518 19 DEVANE STREET FROSTPROOF FL 33843 US**

50016163



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: **1901 Longleaf Blvd Suite 300 Lake Wales, FL 33859 USA**
 3. Mailing Address: **1901 Longleaf Blvd Suite 300 Lake Wales, FL 33859 USA**

4. FEI Number: **59-3094275**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HANDBERG, RYAN P
 2745 OAK PARK WAY
 ORLANDO FL 32822**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: HANDBERG, IRENE STREET ADDRESS: 300 E 93RD ST 29 C CITY-ST-ZIP: NEW YORK NY 10128	<input checked="" type="checkbox"/> Delete
TITLE: P NAME: SASMAN, IRENE STREET ADDRESS: 300 E 43RD ST 29L CITY-ST-ZIP: NEW YORK NY 10128	<input checked="" type="checkbox"/> Delete
TITLE: SGM NAME: HANDBERG, RYAN STREET ADDRESS: 2745 OAK PARK WAY CITY-ST-ZIP: ORLANDO FL 32822	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President NAME: Sasman Irene STREET ADDRESS: 300 E 93rd ST 29C CITY-ST-ZIP: New York, NY 10128	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ryan P. Handberg** **2-9-05** **863-676-4246**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #