


**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      Mailing Address  
**19 DEVANE FROSTPROOF FL 33843 US**      **PO BOX 518 19 DEVANE STREET FROSTPROOF FL 33843 US**

**50016163**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address  
*1901 Longleaf Blvd*      *1901 Longleaf Blvd*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Lake Wales, FL*      *Lake Wales, FL*

Zip      Country      Zip      Country  
*33859 USA*      *33859 USA*

4. FEI Number      Applied For  
**59-3094275**       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      \$5.00 May Be Added to Fees  
 Trust Fund Contribution.     

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sasman Irene	
STREET ADDRESS	300 E 93rd ST 29C	
CITY-ST-ZIP	New York, NY 10128	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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