

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002818

Entity Name: LEARNNORTH INC.**Current Principal Place of Business:**609 CHURCH STREET,
205
PORT HAWKESBURY, B9A2X4**Current Mailing Address:**609 CHURCH STREET,
205
PORT HAWKESBURY, B9A2X4 CA**FEI Number:** 82-6953564**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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**Officer/Director Detail :**

Title	PD
Name	MACNEIL, WILFRED
Address	132 NORTH POND LANE
City-State-Zip:	JOHNSTOWN B0E 3B0

Title	SD
Name	SAMPSON, ROSE
Address	4 MURSEY LANE
City-State-Zip:	ST. PETERS B0E 3B0

Title	D
Name	MACNEIL, ELIZABETH
Address	132 NORTH POND LANE
City-State-Zip:	JOHNSTOWN B0E 3B0

Title	D
Name	MACDONALD, BERNADETTE L
Address	2336 HIGHWAY 19
City-State-Zip:	CREIGNISH B9A1B3

Title	DIRECTOR
Name	SAMPSON, AMBROSE
Address	4 MURSEY LANE
City-State-Zip:	ST. PETERS B0E3B0

I hereby 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 all other like empowered.

SIGNATURE: BERNADETTE MACDONALD**COO & MANAGING
DIRECTOR****04/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date