


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90059 005 \*\*\*150.00

40012406



<b>DOCUMENT # F94000006380</b>				
1. Entity Name <b>KNOWLEDGE LEARNING CORPORATION</b>				
Principal Place of Business <b>1250 FOURTH STREET SUITE 550 SANTA MONICA, CA 90401 US</b>		Mailing Address <b>1250 FOURTH STREET SUITE 550 SANTA MONICA, CA 90401 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent	
			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	Zip Code
			<b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YALOW, ELANNA S.		NAME	
STREET ADDRESS	4340 REDWOOD HIGHWAY BLDG B		STREET ADDRESS	
CITY-ST-ZIP	SAN RAFAEL, CA 94903		CITY-ST-ZIP	
TITLE	EVP	<input checked="" type="checkbox"/> Delete	TITLE	<b>CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, DAN		NAME	<b>Mark Moreland</b>
STREET ADDRESS	650 NE HOLLADAY STE 1400		STREET ADDRESS	<b>650 NE Holladay Suite 1400</b>
CITY-ST-ZIP	PORTLAND, OR 97232		CITY-ST-ZIP	<b>Portland, OR 97232</b>
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWINGTON, EDWARD		NAME	
STREET ADDRESS	650 NE HOLLADAY STE 1400		STREET ADDRESS	
CITY-ST-ZIP	PORTLAND, OR 97232		CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARON, STANLEY		NAME	
STREET ADDRESS	1250 FOURTH STREET STE 550		STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA, CA 90401		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINERMAN, RALPH		NAME	
STREET ADDRESS	1250 FOURTH ST.		STREET ADDRESS	
CITY-ST-ZIP	SANTA MONICA, CA 90401		CITY-ST-ZIP	
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, MARK		NAME	
STREET ADDRESS	573 PARK POINT DR		STREET ADDRESS	
CITY-ST-ZIP	GOLDEN, CO 80401		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		STANLEY E. MARON		2-2-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

40012462

<b>DOCUMENT # F94000006380</b> 1. Entity Name <b>KNOWLEDGE LEARNING CORPORATION</b>					
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		01112007    Chg-P    CR2E034 (12/06)	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YALOW, ELANNA S. 4340 REDWOOD HIGHWAY BLDG B SAN RAFAEL, CA 94903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP JACKSON, DAN 650 NE HOLLADAY STE 1400 PORTLAND, OR 97232	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>Mark Moreland</b> <b>650 NE Holladay Suite 1400</b> <b>Portland, OR 97232</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BREWINGTON, EDWARD 650 NE HOLLADAY STE 1400 PORTLAND, OR 97232	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARON, STANLEY 1250 FOURTH STREET STE 550 SANTA MONICA, CA 90401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINERMAN, RALPH 1250 FOURTH ST. SANTA MONICA, CA 90401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FULLER, MARK 573 PARK POINT DR GOLDEN, CO 80401	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____ <b>STANLEY E. MARON</b> <u>2-2-07</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					