

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUN 17 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06122008 Chg-P CR2E034 (12/06)

DOCUMENT # F94000006380
 1. Entity Name
KNOWLEDGE LEARNING CORPORATION



Principal Place of Business Mailing Address
 1250 FOURTH STREET 1250 FOURTH STREET
 SUITE 550 SUITE 550
 SANTA MONICA, CA 90401 US SANTA MONICA, CA 90401 US

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

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
800131634748
 06/24/08--01045--002 ***8.75
 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.
200131634702
 06/24/08--01045--001 ***150.00
 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 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YALOW, ELANNA S. <input type="checkbox"/> Delete 4340 REDWOOD HIGHWAY BLDG B SAN RAFAEL, CA 94903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 650 NE HOLLADAY, SUITE 1400 PORTLAND, OR 97232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MORELAND, MARK <input checked="" type="checkbox"/> Delete 650 NE HOLLADAY SUITE 1400 PORTLAND, OR 97232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D THORNTON, FELICIA 650 NE HOLLADAY SUITE 1400 PORTLAND, OR 97232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARON, STANLEY <input type="checkbox"/> Delete 1250 FOURTH STREET STE 550 SANTA MONICA, CA 90401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO MUSKOVICH, JAY 650 NE HOLLADAY, SUITE 1400 PORTLAND, OR 97232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINERMAN, RALPH <input type="checkbox"/> Delete 1250 FOURTH ST. SANTA MONICA, CA 90401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D; VP COHN, ADAM 1250 FOURTH STREET, 6th FLOOR SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP SIMS, JOHN 650 NE HOLLADAY, SUITE 1400 PORTLAND, OR 97232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP HNANICEK, JOHN 650 NE HOLLADAY, SUITE 1400 PORTLAND, OR 97232

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, Secretary** **6-16-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #