## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 07, 2006 8:00 am Secretary of State

DOCUMENT # N0500003088  1. Entity Name CREATIVE MINDS ACADEMY INC.				<b>.</b> I	02-07-2006 90019 011 ****70.00			
Principal Place 2623 CRYST/ JACKSONVILL		Mailing Address 2623 CRYSTAL COVE CT JACKSONVILLE, FL 32223		į				
2. Principal Pl	lace of Business  Bay Cove Lar	3. Mailing Address	Cove La		8111 8811 8811 8811 BB18 8811 <b>88</b> 18		HALLAN HARI	
Suite, Apt.		Suite, Apt. #, etc.	<i></i>	04000000	hg-NP CR2E	037 (11/05)		
City & State	• II. EI	City & State	Εı	4. FEI Number	2711077	<u> </u>	plied For	
Jackso Zip	Country	Jacksonville	Country		374970	No. \$8.75 Add	t Applicable	
3 <b>2</b> 25		33357	USA	5. Certificate of St		Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
BENEDICT, DANIELLE 2623 CRYSTAL COVE CT			Street Addr	Street Address (P.Q.Box Number is Not Acceptable)				
	VILLE, FL 32223		913					
			City			Zip Code	a .	
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	ions of registered agent.	r the purpose of changing its reg	istered office of ret	gistered agent, or both, in	the State of Florida. Tar	n iamiliar with,	and accept	
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SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	gistered Agent signature re	equired when reinstating)	DATE			
	- · ·							
	Signature, typed or printed name of registered agent  Filling Fee is \$61.25  Due by May 1, 2006	9. Election Campai Trust Fund Cont	ign Financing	\$5.00 May Be	Make che	ck payable to		
10.	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Cont	ign Financing tribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make che	ck payable to artment of St DIRECTORS IN	10	
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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 617, 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.

HOLYAM, & WILLIAM Shored Perited NAME OF SIGNING OFFICER OR DIRECTOR / DOING D