2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State
02-07-2006 90019 011 ****70.00

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1. Entity Name
CREATIVE MINDS ACADEMY INC.

Principal Place of Business	Mailing Address
2623 CRYSTAL COVE CT JACKSONVILLE, FL 32223	2623 CRYSTAL COVE CT JACKSONVILLE, FL 32223

01302006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
9132 Bay Cove Lane Suite, Apt. #, etc.	9132 Bay Cove Lane Suite, Apt. #, etc.
City & State: Jacksonville, Fl	City & State: Jacksonville, Fl
Zip: 32257 Country: USA	Zip: 32257 Country: USA

4. FEI Number 83-0374970 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BENEDICT, DANIELLE
2623 CRYSTAL COVE CT
JACKSONVILLE, FL 32223

7. Name and Address of New Registered Agent

Name: Shoran Williams
Street Address (P.O. Box Number is Not Acceptable): 9132 Bay Cove Lane
City: Jacksonville FL Zip Code: 32257

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BENEDICT, DAVID 2623 CRYSTAL COVE CT JACKSONVILLE, FL 32223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Shoran Williams 9132 Bay Cove Lane Jacksonville, Fl 32223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BENEDICT, DANIELLE 2623 CRYSTAL COVE CT JACKSONVILLE, FL 32223	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Lorie Weber 13520 princess Kelly Dr. JACKSONVILLE, FL 32225	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LUKENS-BULL, KATRYNE 21 SANDRA DR JACKSONVILLE BEACH, FL 32224	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Thomas Rush 10039 LEISURE LN N. JAX, FL 32256	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAGANELLA, LISA 1964 SANDHILL CRANE JACKSONVILLE, FL 32224	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D maiko Stalvey 12061 Rising Oaks Dr E Jacksonville, FL 32223	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C Krista Shaw 4763 MOUNTAIN BR. CT. S. JACKSONVILLE, FL. 32224	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Katryne Lukens Bull Katryne LukensBull 2/3/06 9042474606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Shoran P Williams Shoran Reid Williams 2/3/06