

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010741

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** CHILDREN'S LIFE EDUCATION AND ACTIVITY RESOURCE, INC.

**Current Principal Place of Business:**

4968 BELVEDERE ROAD  
WEST PALM BEACH, FL 33415

**New Principal Place of Business:**

**Current Mailing Address:**

4968 BELVEDERE ROAD  
WEST PALM BEACH, FL 33415

**New Mailing Address:**

**FEI Number:** 80-0532783

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RILEY, PATRICK  
4968 BELVEDERE ROAD  
WEST PALM BEACH, FL 33415 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: RILEY, PATRICK  
Address: 4968 BELVEDERE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D  
Name: RILEY, PATRICK  
Address: 4968 BELVEDERE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: TD  
Name: FACIEL, WILDFORD  
Address: 4402 NORTH MARIE CIRCLE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SD  
Name: SYROS, PETER  
Address: 2745 CAMBRIDGE ROAD  
City-St-Zip: LAKE WORTH, FL 33462

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK J RILEY

PCEO

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date