

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 05, 2007**  
**Secretary of State**

DOCUMENT# N97000003314

**Entity Name:** MIAMI SHORES/BARRY UNIVERSITY "CONNECTED LEARNING COMMUNITY" (CLC), INC.

**Current Principal Place of Business:**

C/O COBB PARTNERS 355 ALHAMBRA CIRCLE  
SUITE 1500  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

C/O COBB PARTNERS 355 ALHAMBRA CIRCLE  
SUITE 1500  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0770873      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ANDREW, WESTON  
355 ALHAMBRA CIRCLE  
SUITE 1500  
CORAL GABLES, FL 33134 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: DT ( ) Delete  
Name: ANDREW, WESTON  
Address: 355 ALHAMBRA CIRCLE SUITE 1500  
City-St-Zip: CORAL GABLES, FL 33134

Title: DS ( ) Delete  
Name: KELLEY, CHRISTOPHER  
Address: 11098 BISCAYNE BLD. STE. 205  
City-St-Zip: MIAMI, FL 33161

Title: D ( ) Delete  
Name: COBB, CHARLES  
Address: 355 ALHAMBRA CIRCLE SUITE 1500  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: STALLIONS, MARIA DR  
Address: 11300 NORTHEAST 2ND AVENUE  
City-St-Zip: MIAMI SHORES, FL 33161

Title: CD ( ) Delete  
Name: LIFTIN, ELAINE DR  
Address: 3520 SOUTH UNIVERSITY DRIVE  
City-St-Zip: DAVIE, FL 33328

Title: PD ( ) Delete  
Name: PICHE, EVELYN PH.D  
Address: 11300 NORTHEAST SECOND AVE.  
City-St-Zip: MIAMI SHORES, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANDREW R WESTON

DT

01/05/2007

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

\_\_\_\_\_  
Date