2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 02, 2008 8:00 am Secretary of State **DOCUMENT # 763685** 1. Entity Name 04-02-2008 90144 001 ***140 00 THE CREATIVE LEARNING CENTER OF KENDALL, INC. Principal Place of Business Mailing Address 12455 SW 104TH STREET 12455 SW 104TH STREET MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-2123460 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCONNEY, NADINE Street Address (P.O. Box Number is Not Acceptable) 11700 SW 122 PLACE **MIAMI FL 33186** City Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, (A) and tale if applicable. (NOTE: Registered Agent signature required when reinstating) svices with property and the FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change Addition BARKSDALE, LINDA NAME 12022 SW 105TH LN STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP Delate Addition TITLE ☐ Change CONPAD COKE 16040 SW 80 AVE. NAME RILEY, LARRY NAME 5071 NW 93 DORAL CIRCLE EAST STREET ADDRESS STREET ADDRESS **MIAMI FL 33178** CITY-ST-ZIP CITY-ST-ZIP 33157 PU ----TITLE Delete TITLE ☐ Change Addition PENNINGTON, JOHN NAME NAME STREET ADDRESS 7832 SW 118 COURT STREET ADDRESS MIAMI FL 33183 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TIFLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Dalete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

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FILED