

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007335

**Entity Name:** THE CLEO INSTITUTE INC.**Current Principal Place of Business:**11000 RED ROAD  
PINECREST, FL 33156**Current Mailing Address:**11000 RED ROAD  
PINECREST, FL 33156 US**FEI Number:** 27-3185735**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US*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

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name LEWIS, CAROLINE  
Address 11000 RED ROAD  
City-State-Zip: PINECREST FL 33156

Title PRESIDENT  
Name FACELLA, MARIO  
Address 11000 RED ROAD  
City-State-Zip: PINECREST FL 33156

Title DIRECTOR  
Name LEVERETT, LYNN DR.  
Address 11000 RED ROAD  
City-State-Zip: PINECREST FL 33156

Title DIRECTOR  
Name WANLESS, HAROLD PHD  
Address 11000 RED ROAD  
City-State-Zip: PINECREST FL 33156

Title DIRECTOR  
Name HOROWITZ, CARA  
Address 11000 RED ROAD  
City-State-Zip: PINECREST FL 33156

Title VP, TREASURER  
Name HOROWITZ, BERNARD DR.  
Address 11000 RED ROAD  
City-State-Zip: PINECREST FL 33156

Title DIRECTOR  
Name DIETCH, DANIEL  
Address 11000 RED ROAD  
City-State-Zip: PINECREST FL 33156

Title DIRECTOR  
Name FREEDMAN, EDWINE  
Address 11000 RED ROAD  
City-State-Zip: PINECREST FL 33156

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*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:** CAROLINE LEWIS**EXECUTIVE DIRECTOR****04/04/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MORALES, JOHN
Address	11000 RED ROAD
City-State-Zip:	PINECREST FL 33156