


FILED
Aug 14, 2006 8:00 am
Secretary of State

30014034

| | | | |
|--|---------|---|---------|
| DOCUMENT # L05000107081 | | 07-10-2006 90105 043 ****50.00 | |
| 1. Entity Name CREATIVE LEARNING PROGRAMS, LLC | |  | |
| Principal Place of Business 25920 ARUNDEL WAY SORRENTO, FL 32776 | | Mailing Address 25920 ARUNDEL WAY SORRENTO, FL 32776 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 20-3734528 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WALTON, DENISE V 25920 ARUNDEL WAY SORRENTO, FL 32776 | | 7. Name and Address of New Registered Agent | |
| Name | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | FL Zip Code | |
| 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 _____ | | | |
| Filing Fee to \$50.00 Due by September 6, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBER / MANAGER | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP MANAGING MEMBER DENISE WALTON 25920 ARUNDEL WAY SORRENTO, FL 32776 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes. | | | |
| SIGNATURE: Denise Walton 7/13/06 | | | |



ATTACHMENT
30012690

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 11, 2006

CREATIVE LEARNING PROGRAMS, LLC
25920 ARUNDEL WAY
SORRENTO, FL 32776

Subject: CREATIVE LEARNING PROGRAMS, LLC

Reference Number: L05000107081

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms
ANNUAL REPORTS SECTION

I thought from reading the instructions on your tax booklet that these boxes were used only if things changed.
This is an LLC single owner, no members but me. Jhes. D.W.

P.O. BOX 6478 - Tallahassee, Florida 32314