## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000006556

FILED Apr 23, 2007 Secretary of State

Entity Name: CHILDHOOD ENRICHMENT CENTER, INC. **Current Principal Place of Business: New Principal Place of Business:** 833 MAGELLAN DR 6215 LORRAINE ROAD SARASOTA, FL 34243 BRADENTON, FL 34202 **Current Mailing Address: New Mailing Address:** 6431 JACKIE LYNN CT SARASOTA, FL 34241 FEI Number: 65-1054425 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ORDETX, KIRSTINA 6431 JACKIE LYNN CT SARASOTA, FL 34241 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PDT (X) Change ( ) Addition () Delete ORDETX, KRISTINA ORDETX, KRISTINA Name: Name: Address: 7715 WESTMORELAND DR Address: 6431 JACKIE LYNN CT. City-St-Zip: SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34241 Title: Title: () Delete () Change () Addition Name: SMITH, MARY Name: Address: 6153 36TH LN E Address: City-St-Zip: BRADENTON, FL 34203 City-St-Zip: Title: () Delete Title: () Change () Addition HUDSON, MARY BETH Name: Name: Address: 6859 ARECA BLVD Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition ORDETX, KARL J Name: Name: Address: Address: 6431 JACKIE LYNN CT. City-St-Zip: City-St-Zip: SARASOTA, FL 34241

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: KIRSTINA ORDETX P 04/23/2007