


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004566 1. Entity Name CLAUD BOWERS CENTER OF LEARNING, INC.	
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Principal Place of Business 4520 PARKBREEZE COURT ORLANDO, FL 32808	Mailing Address 4520 PARKBREEZE COURT ORLANDO, FL 32808
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DO NOT WRITE IN THIS SPACE



02122004 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0425073	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BOWERS, CLAUD
4520 PARKBREEZE COURT
ORLANDO, FL 32808

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent Signature required when reinstating)	DATE _____
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**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOWERS, CLAUD 4520 PARKBREEZE COURT ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOWERS, FREEDA 4520 PARKBREEZE COURT ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWELL, P.B. JR 4603 GIBSON STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEIK, STEPHEN W 1101 N LAKE DESTINY ROAD SUITE 120 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000059522
02/23/04-80003-005 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Freeda Bowers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	02/17/2004 407-298-5555 <small>Date Daytime Phone #</small>
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