2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N36488

Oct 27, 2005 Secretary of State

Entity Name: CLEARWATER ACADEMY INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

801 DREW ST

CLEARWATER, FL 33755 US

Current Mailing Address: New Mailing Address:

801 DREW ST

CLEARWATER, FL 33755 US

FEI Number: 59-2987746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZWERS, JIM 801 DREW ST

CLEARWATER, FL 33755 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: JIM ZWERS

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

(X) Change () Addition () Delete

FELDMAN, JEFFREY FELDMAN, JEFFREY Name: Name: 411CDRUID RD W Address: 411 DRUID RD W Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: CLEARWATER, FL 33756

Title: () Delete Title: () Change () Addition

Name: JOHNSON, SUZANNE Name: Address: 717 WEATHERSFIELD DR Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

ZWEIS, KATHRIN ZWERS, KATHRIN Name: Name: Address: 400 N BETTY LANE Address: 400 N BETTY LANE City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 33755

Title: SD () Delete Title: () Change () Addition

FELDMAN, SIKICA Name: Name: 411 DRUID RD W Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

ZWEIS, JIM ZWERS, JIM Name: Name: 400 N BETTY LN 400 N BETTY LN Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JIM ZWERS Μ 10/27/2005