2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N36488

Entity Name: CLEARWATER ACADEMY INTERNATIONAL, INC.

Current Principal Place of Business:

801 DREW ST
CLEARWATER, FL 33755 US

New Principal Place of Business:

Current Mailing Address:

801 DREW ST
CLEARWATER, FL 33755 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ZWERS, JIM
801 DREW ST
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: FELDMAN, JEFFREY
Address: 411 DRUID RD W
City-St-Zip: CLEARWATER, FL 33756

Title: VD ( ) Delete
Name: JOHNSON, SUZANNE
Address: 1000 DRUID ROAD EAST
City-St-Zip: CLEARWATER, FL 33756

Title: TD ( ) Delete
Name: GILBERT, JUDY
Address: 2889 CHELSEA AVE
City-St-Zip: CLEARWATER, FL 33756

Title: SD ( ) Delete
Name: FELDMAN, SIKICA
Address: 411 DRUID RD W
City-St-Zip: CLEARWATER, FL 33756

Title: M ( ) Delete
Name: ZWERS, JIM
Address: 400 N BETTY LN
City-St-Zip: CLEARWATER, FL 33755

Title: M ( ) Delete
Name: ZWERS, KATHRIN
Address: 400 N. BETTY LN
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: JOHNSON, SUZANNE
Address: 300 S. ARCTURES
City-St-Zip: CLEARWATER, FL 33765

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JIM ZWERS ED 03/31/2009

Electronic Signature of Signing Officer or Director — Date