

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50390

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** THE CLEARWATER CHINESE LANGUAGE SCHOOL, INC.

**Current Principal Place of Business:**

4600 78TH AVE., N.  
PINELLAS PARK, FL 33781 US

**New Principal Place of Business:**

**Current Mailing Address:**

4600 78TH AVE., N.  
PINELLAS PARK, FL 33781 US

**New Mailing Address:**

**FEI Number:** 59-2999391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ACCURACY ACCOUNTING SERVICE, INC.  
5558 1/2 PARK BLVD.  
PINELLAS PARK, FL 33781 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: GILDAY, ENGLAN  
Address: 6333 9 AVE N  
City-St-Zip: T PETE, FL 33710 US

Title: VD ( ) Delete  
Name: DUANN, SUNNY  
Address: 3317 BRIORWOOD LN  
City-St-Zip: SAFETY HARBOR, FL

Title: SD ( ) Delete  
Name: LACEY, THOMAS,  
Address: 11772 OXFORD ST.  
City-St-Zip: SEMINOLE, FL

Title: D ( ) Delete  
Name: DUANN, PATTY  
Address: 6333 9 AVE N  
City-St-Zip: ST PETE, FL 33710 US

Title: TD ( ) Delete  
Name: HU, DAR,  
Address: 6828 CIRCLE CREEK DRIVE  
City-St-Zip: PINELLAS PARK, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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

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: THOMAS R LACEY

S

04/29/2005

Electronic Signature of Signing Officer or Director

Date