2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50390

FILED Apr 20, 2006 Secretary of State

Entity Name: THE CLEARWATER CHINESE LANGUAGE SCHOOL, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4600 78TH PINELLAS	AVE., N. PARK, FL 33781	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4600 78TH PINELLAS	AVE., N. PARK, FL 33781	US			
FEI Number:	59-2999391 FE	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Curre	ent Registered Agent:	Name and Address	of New Registered Agent:	
	CY ACCOUNTING	SERVICE, INC.			
	ARK BLVD. PARK, FL 33781	US			
	of Florida.	nits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
	Electronic S	ignature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Dele GILDAY, ENGLAN 6333 9 AVE N T PETE, FL 33710 U		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Dele DUANN, SUNNY 3317 BRIORWOOD SAFETY HARBOR, F	LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Dele LACEY, THOMAS, 11772 OXFORD ST. SEMINOLE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Dele DUANN, PATTY 6333 9 AVE N ST PETE, FL 33710		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TD () Dele HU, DAR, 6828 CIRCLE CREE		Title: Name: Address:	() Change () Addition	
City-St-Zip:	PINELLAS PARK, FL	-	City-St-Zip:		

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: DAR S HU T 04/20/2006