

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003097

FILED
Jan 13, 2007
Secretary of State

Entity Name: CREATION EDUCATION RESOURCES, INC.

Current Principal Place of Business:

108 MCVICKERS RD
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

108 MCVICKERS RD
MIDDLEBURG, FL 32068 US

New Mailing Address:

FEI Number: 59-3258556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVERMAN, RICHARD L
108 MCVICKERS RD
MIDDLEBURG, FL 32068 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: OVERMAN, RICHARD L
Address: 108 MCVICKERS RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: STD () Delete
Name: OVERMAN, VIRGINIA A
Address: 108 MCVICKERS RD
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: BEAR, KATHY
Address: 1168 W MORGAN CIRCLE
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: FAULKNER, DANNY DR
Address: P O BOX 889
City-St-Zip: LANCASTER, FL 29721

Title: D () Delete
Name: ST. JEAN, MICHAEL
Address: 1601 OCEAN DR S #608
City-St-Zip: JACKSONVILLE BEACH, FL 32258

Title: D () Delete
Name: MOELLER, TERRI
Address: 2456 MOON HARBOR WAY
City-St-Zip: MIDDLEBURG, FL 32068

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:

Title: D (X) Change () Addition
Name: LAMB, REINHOLD
Address: 1594 WATERS EDGE DR.
City-St-Zip: ORANGE PARK, FL 32003

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: RICHARD L. OVERMAN

MR

01/13/2007

Electronic Signature of Signing Officer or Director

Date