2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Aug 25, 2008 8:00 am Secretary of State DOCUMENT # N94000006331 1. Entity Name 08-25-2008 90002 028 ****70.00 CENTER FOR CREATIVE EDUCATION, INC. Principal Place of Business Mailing Address 425 24TH ST 425 24TH ST. WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/08) Applied For City & State City & State 4. FEI Number 65-0594599 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PILECKI, THOMAS Street Address (P.O. Box Number is Not Acceptable) 425 24TH ST. WEST PALM BEACH FL 33407 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Due By September 3, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TIFLE Change | Addition Delete SHAFFER, MARGARET B NAME Da 306 HIBISCUS AVENUE STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition DWINELL, SUSIE Jamie Gordon NAME NAME 240 Royal Pain way 345 COLONIAL DRIVE STREET AUDRESS STREET ADDRESS WEST PALM BEACH FL 33405 CITY-ST-7IE CITY-ST-ZIP Palm Buch, Fr 33480 TITLE ☐ Delete TITLE Change Addition KARAKUL, KENN NAME NAME Helene Lorentzen STREET ADDRESS 4 EL BRAVO ROAD STREET ADDRESS 250 Sanford CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP Delete Addition ☐ Change TITLE TILLE MILLER, PAM NAME NAME 101 casa mendito STREET ADDRESS 162 ATLANTIC AVENUE STREET ADDRESS Palm Beach, 77 33480 CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL 33480 ח Addition TITLE Delete Change TURNER, BESTY NAME lieutra Williams 580 VILLAGE BLVD., SUITE 225 STREET ADDRESS STREET ADDRESS 300 Armeria Nd WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE BRECKENRIDGE, BEAU NAME NAME 257 MURRAY ROAD STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33405 CITY-ST-ZIP 33480 CITY-ST-7IP Palm Beach, A

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED