


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2007 08:00 A**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N95000003284</b><br>1. Entity Name<br><b>CREATIVE KIDS PRE-SCHOOL, INC.</b> |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>5301 S.E. 110TH STREET<br/>BELLEVIEW, FL 34420</b> | Mailing Address<br><b>2841 S.W. 20TH STREET<br/>OCALA, FL 34474</b> |
|--|---|

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05172007 No Chg-NP CR2E037 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3330833</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**SCHWEITZ, FREDERICK O  
400 S.W. 48TH ST. RD.  
OCALA, FL 34474**

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IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

|  |   |
|--|---|
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|--|---|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CURTIS, DIANE<br>1536 SOUTHEAST 27TH STREET<br>OCALA, FL 34474              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CLEMENT, GLENNA<br>5301 SOUTHEAST 110TH STREET<br>BELLEVIEW, FL 34420       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SCHWEITZ, FREDERICK O<br>400 SOUTHWEST 48TH STREET ROAD<br>OCALA, FL 34474 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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06/01/07-80007-009 61.25

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12. 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.

**SIGNATURE:**  **5/28/07** **352-237-6149**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #