

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006007

FILED
Apr 28, 2008
Secretary of State

Entity Name: COMMUNITY EDUCATION CENTER, INC.

Current Principal Place of Business:

16940 LIVINGSTON AVE
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

C/O SHAHEEN FIDA
2365 HADDON HALL PLACE
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3349035 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FIDA, SHAHEEN
2365 HADDON HALL PLACE
CLEARWATER, FL 33764 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: D () Delete
Name: AHMAD, RAZIA
Address: 4678 SAN PALO COURT
City-St-Zip: LAKE LAND, FL 33813

Title: D () Delete
Name: BUKHARI, ALTAFHUSEN
Address: 2204 IVY LANE
City-St-Zip: TAMPA, FL 33618

Title: P () Delete
Name: FIDA, SHAHEEN
Address: 2365 HADDON HALL PLACE
City-St-Zip: TAMPA, FL 33764

Title: D () Delete
Name: SHAFQAT, FAROGI
Address: 18126 LONGWATER RUN DR
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: KHAN, ZAHEER AHMAD
Address: 2101 COUNTRY CLUB COURT
City-St-Zip: PLANT CITY, FL 33567

Title: D () Delete
Name: HAFEEZ, JAVED
Address: 6103 MARBELLA BLVD
City-St-Zip: APOLLO BEACH, 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:

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

I hereby certify that the information supplied with this filing does not qualify 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: SHAHEEN FIDA

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date