

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003314

FILED
Jan 05, 2007
Secretary of State

Entity Name: MIAMI SHORES/BARRY UNIVERSITY "CONNECTED LEARNING COMMUNITY" (CLC), INC.

Current Principal Place of Business:

C/O COBB PARTNERS 355 ALHAMBRA CIRCLE
SUITE 1500
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

C/O COBB PARTNERS 355 ALHAMBRA CIRCLE
SUITE 1500
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0770873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREW, WESTON
355 ALHAMBRA CIRCLE
SUITE 1500
CORAL GABLES, FL 33134 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: DT () Delete
Name: ANDREW, WESTON
Address: 355 ALHAMBRA CIRCLE SUITE 1500
City-St-Zip: CORAL GABLES, FL 33134

Title: DS () Delete
Name: KELLEY, CHRISTOPHER
Address: 11098 BISCAYNE BLD. STE. 205
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: COBB, CHARLES
Address: 355 ALHAMBRA CIRCLE SUITE 1500
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: STALLIONS, MARIA DR
Address: 11300 NORTHEAST 2ND AVENUE
City-St-Zip: MIAMI SHORES, FL 33161

Title: CD () Delete
Name: LIFTIN, ELAINE DR
Address: 3520 SOUTH UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

Title: PD () Delete
Name: PICHE, EVELYN PH.D
Address: 11300 NORTHEAST SECOND AVE.
City-St-Zip: MIAMI SHORES, FL 33161

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 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: ANDREW R WESTON

DT

01/05/2007

Electronic Signature of Signing Officer or Director

Date