

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000067721

FILED
Apr 07, 2009
Secretary of State

Entity Name: CREATIVE CHILD LEARNING CENTER, INC. V

Current Principal Place of Business:

4390 GROVE PARK DR
TALLAHASSEE, FL 32311

New Principal Place of Business:

4390 GROVE PARK DR
TALLAHASSEE, FL 32311 US

Current Mailing Address:

150 WESTON RD
SUNRISE, FL 33326

New Mailing Address:

150 WESTON RD
SUNRISE, FL 33326 US

FEI Number: 71-0951445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUFRICHTIG, JOAN M
150 WESTON ROAD
SUNRISE, FL 33326 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: AUFRICHTIG, JOAN
Address: 150 WESTON ROAD
City-St-Zip: SUNRISE, FL 33326

Title: PD () Delete
Name: AGER, BRIAN
Address: 150 WESTON ROAD
City-St-Zip: SUNRISE, FL 33326

Title: VPD () Delete
Name: AGER, EILEEN
Address: 150 WESTON ROAD
City-St-Zip: SUNRISE, FL 33326

Title: D () Delete
Name: JAFFE, EVAN
Address: 555 SW 112TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: JAFFE, EMERY
Address: 555 SW 112TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: AUFRICHTIG, JOAN STD
Address: 150 WESTON ROAD
City-St-Zip: SUNRISE, FL 33326 US

Title: PD (X) Change () Addition
Name: AGER, BRIAN R PD
Address: 150 WESTON ROAD
City-St-Zip: SUNRISE, FL 33326 US

Title: VPD (X) Change () Addition
Name: AGER, EILEEN C VPD
Address: 150 WESTON ROAD
City-St-Zip: SUNRISE, FL 33326 US

Title: D (X) Change () Addition
Name: JAFFE, EVAN
Address: 555 SW 112TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33069 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN C AGER

VPD

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date