
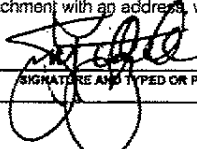


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000107747</b> 1. Entity Name <b>CLEARVIEW EDUCATION CENTER, INC.</b>		
Principal Place of Business <b>6852 CAROLINE ST MILTON, FL 32570</b>	Mailing Address <b>PO BOX 3432 MILTON, FL 32572-3432 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  <b>SULZBACH, FREDERICK X JR 4820 MAKENNA CIRCLE PACE, FL 32571</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SULZBACH, FREDERICK X JR PO BOX 3432 MILTON, FL 325723432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT FITZPATRICK, SHAWN PO BOX 3432 MILTON, FL 325723432	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 607, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/17/07 850 485 0412</b> <small>Date Daytime Phone #</small>



02282007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0300327</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

U000000670450  
03/27/07-80113-007 150.00

**DO NOT WRITE  
IN THIS SPACE**