

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129641

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: CREATIVE CONCEPTS LEARNING FACILITY, INC.

**Current Principal Place of Business:**

1907 N. ORANGE STREET  
MOUNT DORA, FL 32756 US

**New Principal Place of Business:**

**Current Mailing Address:**  
P.O. BOX 1276  
LILBURN, GA 30048 US

**New Mailing Address:**

FEI Number: 90-0196993      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WHITE, JEANETTE  
1907 NORTH ORANGE STREET  
MOUNT DORA, FL 32757 US

**Name and Address of New Registered Agent:**

HOOKS, ANTHONY L  
1907 NORTH ORANGE STREET  
MOUNT DORA, FL 32757 US

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: ANTHONY HOOKS

04/30/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: MABRY, KARENA J  
Address: P.O. BOX 1276  
City-St-Zip: LILBURN, GA 30048 US

Title: VPRS ( ) Delete  
Name: HOOKS, ANTHONY L  
Address: P.O. BOX 1276  
City-St-Zip: LILBURN, GA 30048 US

Title: VPRS ( ) Delete  
Name: WHITE, JEANETTE  
Address: P.O. BOX 1276  
City-St-Zip: LILBURN, GA 30048 US

Title: TREA (X) Delete  
Name: MABRY, KARENA J  
Address: P.O. BOX 1276  
City-St-Zip: LILBURN, GA 30048 US

Title: TRES (X) Delete  
Name: WHITE, JEANETTE  
Address: P.O. BOX 1276  
City-St-Zip: LILBURN, GA 30048

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TRES (X) Change ( ) Addition  
Name: MABRY, KARENA J  
Address: P.O. BOX 1276  
City-St-Zip: LILBURN, GA 30048

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

SIGNATURE: KARENA JACINTA MABRY

PRES

04/30/2007

Electronic Signature of Signing Officer or Director

Date