

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90108 014 ***150.00

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01032006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000030339 1. Entity Name CREATIVE LEARNING INC																											
Principal Place of Business 400 ORANGE STREET TITUSVILLE, FL 32796		Mailing Address 400 ORANGE STREET TITUSVILLE, FL 32796																									
2. Principal Place of Business 823 D NORTH COCOA BLVD		3. Mailing Address 823 D NORTH COCOA BLVD																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State COCOA, FL		City & State COCOA, FL																									
Zip 32922		Zip 32922																									
Country 		Country 																									
4. FEI Number 20-2410568		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent VENUTI, LOUIS 400 ORANGE STREET TITUSVILLE, FL 32796		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D LEVINS-JUAREZ, KATHRYN M</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1385 CLEVELAND STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TITUSVILLE, FL 32780</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	D LEVINS-JUAREZ, KATHRYN M	<input type="checkbox"/> Delete	NAME	1385 CLEVELAND STREET		STREET ADDRESS	TITUSVILLE, FL 32780		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MENDOSA, KATHRYN M</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>1155 VOLUSIA AVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TITUSVILLE, FL 32780</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	MENDOSA, KATHRYN M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	1155 VOLUSIA AVE		STREET ADDRESS	TITUSVILLE, FL 32780		CITY-ST-ZIP		
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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:		Date: 2-23-2006 Daytime Phone # _____																									