

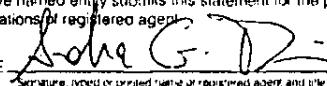
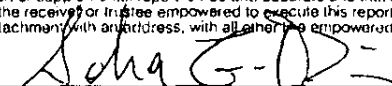
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2007 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRET - STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000055822			
1. Entity Name CREATIVE ACADEMY, INC.			
Principal Place of Business 12591 87TH STREET NORTH WEST PALM BEACH, FL 33412		Mailing Address 12591 87TH STREET NORTH WEST PALM BEACH, FL 33412	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02012007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent OLIVER, SANDRA G 12591 87TH STREET NORTH WEST PALM BEACH, FL 33412		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  SANDRA G. OLIVER 2/1/07 (NOTE: Registered Agent signature required when terminating.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P OLIVER, SANDRA G 12591 87TH ST. NORTH WEST PALM BEACH, FL 33412 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP Oliver, Wayne S.m. 12591 87th St. N. West Palm Bch, FL 33412 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
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 the empowered.			
SIGNATURE:  SANDRA G. OLIVER		2/1/07 (560)602-6218 Date Business Phone #	