

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150452

FILED
Apr 30, 2006
Secretary of State

Entity Name: CREATIVE LEARNING INSTITUTE, INC.

Current Principal Place of Business:

37063 JUMPING JAX LANE
HILLIARD, FL 32226

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 26395
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 20-3789338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LENARD, JACQUILINE L
36887 PINE STREET
HILLIARD, FL 32046 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: P () Delete
Name: LENARD, JACQUILINE J
Address: 36887 PINE STREET
City-St-Zip: HILLIARD, FL 32046

Title: VP () Delete
Name: ROBINSON, STEVEN
Address: 7961 SWEET ROSE LANE EAST
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: ROBINSON, PATRICIA
Address: 7961 SWEET ROSE LANE EAST
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: JOHNSON, PATRICIA A
Address: 2945 WINDING GROVE DRIVE
City-St-Zip: LITHONIA, GA 30038

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: LENARD, JACQUILINE J
Address: 36887 PINE STREET
City-St-Zip: HILLIARD, FL 32046

Title: PD (X) Change () Addition
Name: ROBINSON, STEVEN
Address: 7961 SWEET ROSE LANE EAST
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD (X) Change () Addition
Name: ROBINSON, PATRICIA
Address: 7961 SWEET ROSE LANE EAST
City-St-Zip: JACKSONVILLE, FL 32244

Title: D (X) Change () Addition
Name: JOHNSON, PATRICIA A
Address: 2945 WINDING GROVE DRIVE
City-St-Zip: LITHONIA, GA 30038

Title: VD () Change (X) Addition
Name: JACKSON, KAREN
Address: 1000 BROWARD ROAD
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the 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: JACQUILINE LENARD

TD

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date