

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150452

FILED  
May 01, 2007  
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:

P.O. BOX 18333  
JACKSONVILLE, FL 32229

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JACQUILINE LENARD

CD

05/01/2007

Electronic Signature of Signing Officer or Director

Date