2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008
Secretary of State

DOCUMENT# P05000150452

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 18333
JACKSONVILLE, FL 32229

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JACQULINE J LENARD CD 05/22/2008

Electronic Signature of Signing Officer or Director Date