

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150452

FILED  
May 01, 2010  
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 18333  
JACKSONVILLE, FL 32229

**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

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  
**Name:** LENARD, JACQUILINE J  
**Address:** 36887 PINE STREET  
**City-St-Zip:** HILLIARD, FL 32046

**Title:** PD  
**Name:** ROBINSON, STEVEN  
**Address:** 11837 FEDERALIST WAY APT 11  
**City-St-Zip:** FAIRFAX, VA 22030

**Title:** SD  
**Name:** ROBINSON, PATRICIA  
**Address:** 11837 FEDERALIST WAY APT 11  
**City-St-Zip:** FAIRFAX, VA 22030

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

**Title:** D  
**Name:** WALKER, JOANNE  
**Address:** 28135 RAMBLE LANE  
**City-St-Zip:** HILLIARD, FL 32046

I hereby 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 all other like empowered.

**SIGNATURE:** JACQUILIE J LENARD

CEO

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date