

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150452

FILED
May 01, 2011
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:

P.O. BOX 351
YULEE, FL 32041

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:

LENARD, JACQUILINE J
36887 PINE STREET
HILLIARD, FL 32046 US

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: JACQUILINE J LENARD

05/01/2011

Electronic Signature of Registered Agent

Date

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: D
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: SD
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: JACQUILINE J LENARD

CD

05/01/2011

Electronic Signature of Signing Officer or Director

Date