

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114266

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** CRITICAL INTERVENTION EDUCATORS, INC.

**Current Principal Place of Business:**

7811 BALLYMONEY RD  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

7811 BALLYMONEY RD  
TAMPA, FL 33610

**New Mailing Address:**

PO BOX 3617  
BRANDON, FL 335093617 US

**FEI Number:** 26-1249742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COWIN, BRIAN  
7811 BALLYMONEY RD  
TAMPA, FL 33610 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: COWIN, BRIAN  
Address: 7811 BALLYMONEY RD  
City-St-Zip: TAMPA, FL 33610

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:** BRIAN COWIN

P

03/16/2009

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

\_\_\_\_\_  
Date