

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124043

FILED
Apr 30, 2008
Secretary of State

Entity Name: CHILDREN'S LULLABY LEARNING ACADEMY INC.

Current Principal Place of Business:

9007 N.W. 21ST AVENUE
MIAMI, FL 33147 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 470474
MIAMI, FL 33247 US

New Mailing Address:

FEI Number: 11-3838533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, TRENIKA R
1751 N.W. 58TH STREET
MIAMI, FL 33142 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: PRES () Delete
Name: MITCHELL, TRENIKA R
Address: P.O. BOX 470474
City-St-Zip: MIAMI, FL 33247 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
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Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VICE () Change (X) Addition
Name: RICHARDSON, CALVIN L
Address: P.O. BOX 470474
City-St-Zip: MIAMI, FL 33247 US

Title: VICE () Change (X) Addition
Name: MITCHELL, DEMETRIOS D
Address: P.O. BOX 470474
City-St-Zip: MIAMI, FL 33247 US

Title: VICE () Change (X) Addition
Name: JACOBS JR., ALTO B
Address: P.O. BOX 47047
City-St-Zip: MIAMI, FL 33327 US

Title: VICE () Change (X) Addition
Name: ANDERSON, LORENZO L
Address: P.O. BOX 470474
City-St-Zip: MIAMI, FL 33247 US

Title: SEC. () Change (X) Addition
Name: MITCHELL, SHAKEYTHIA L
Address: P.O. BOX 470474
City-St-Zip: MIAMI, FL 33247 US

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: TRENIKA RENA MITCHELL

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date