2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000124043

Entity Name: CHILDREN'S LULLABY LEARNING ACADEMY INC.

FILED Apr 30, 2009 Secretary of State

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

Current Mailing Address: New Mailing Address:

P.O.BOX 470474 9007 NW 21 AVENUE MIAMI, FL 33247 US MIAMI, FL 33147

FEI Number: 11-3838533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MITCHELL, TRENIKA R 1751 N.W. 58TH STREET MIAMI, FL 33142

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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: PRFS (X) Change () Addition MITCHELL, TRENIKA R Name: Name: MITCHELL, TRENIKA R P.O. BOX 470474 9007 NW 21 AVENUE Address: Address:

City-St-Zip: MIAMI, FL 33247 US City-St-Zip: MIAMI, FL 33147 US VICE Title: Title: () Delete (X) Change () Addition

RICHARDSON, CALVIN L Name: RICHARDSON, CALVIN L Name: P.O.BOX 470474 9007 NW 21 AVENUE Address: Address: MIAMI, FL 33247 US MIAMI, FL 33147 US City-St-Zip: City-St-Zip:

() Delete Title: Title: VICE VICE (X) Change () Addition MITCHELL, DEMETRIOUS D MITCHELL, DEMETRIOUS D Name: Name:

P.O.BOX 470474 9007 NW 21 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33247 US City-St-Zip: MIAMI, FL 33147 US

Title: VICE () Delete Title: VICE (X) Change () Addition

JACOBS JR., ÁLTO B JACOBS JR., ALTO B Name: Name: Address: P.O.BOX 47047 Address: 9007 NW 21 AVENUE City-St-Zip: MIAMI, FL 33327 US City-St-Zip: MIAMI, FL 33147 US

Title: VICE Title: (X) Change () Addition () Delete

ANDERSON, LORENZO L ANDERSON, LORENZO L Name: Name: P.O.BOX 470474 Address: 9007 NW 21 AVENUE Address: City-St-Zip: MIAMI, FL 33247 US City-St-Zip: MIAMI, FL 33147 US

Title: SEC. () Delete Title: SEC. (X) Change () Addition Name: MITCHELL, SHAKEYTHIA L Name: MITCHELL, SHAKEYTHIA L

P.O.BOX 470474 9007 NW 21 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33247 US City-St-Zip: MIAMI, FL 33147 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 R. MITCHELL **PRES** 04/30/2009