

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000056263

FILED
May 01, 2011
Secretary of State

Entity Name: COMPREHENSIVE LEARNING SOLUTIONS, INC.

Current Principal Place of Business:

315 SE 58TH AVE
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 981
SILVER SPRINGS, FL 34489

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COLLINS, TODD E
315 SE 58TH AVE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

COLLINS, TODD E
10477 NW 7TH ST
PEMBROKE PINES, FL 33026 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: _____

Electronic Signature of Registered Agent

05/01/2011

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BROWN, TAMARA
Address: 511 NW 56TH AVE
City-St-Zip: Ocala, FL 34476

Title: VTD
Name: COLLINS, TODD
Address: 10477 NW 7TH ST
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D
Name: STOKES, NADINE
Address: P.O. BOX 314
City-St-Zip: REDDICK, FL 32886

Title: PSD
Name: SMILEY, CARMEN
Address: P.O. BOX 981
City-St-Zip: SILVER SPRINGS, FL 34489

Title: D
Name: VARNER, STACEY
Address: 15137 SW 46TH CIRCLE
City-St-Zip: Ocala, FL 34473

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: CARMEN SMILEY

Electronic Signature of Signing Officer or Director

PSD

05/01/2011

Date