


FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # P/2000056066	
1. Entity Name CREATING LEARNING SOLUTIONS, INC	

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2. Principal Place of Business - No P.O. Box # 181 HAWTHORN HEDGE LN Suite, Apt. #, etc.	3. Mailing Address 181 HAWTHORN HEDGE LN Suite, Apt. #, etc.
City & State SAINT SCOTTS, FL	City & State SAINT SCOTTS, FL
Zip 32259	Country USA

4. FEI Number 45-5539900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent	
Name PATRICIA A. PLOURDE	
Street Address (P.O. Box Number is Not Acceptable) 181 HAWTHORN HEDGE LN	
City SAINT SCOTTS	Zip Code FL 32259


8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	E-mail Address: GPPHAMMER@YAHOO.COM E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PATRICIA A. PLOURDE - PRESIDENT 181 HAWTHORN HEDGE LN SAINT SCOTTS, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC/TREAS GARY PLOURDE 181 HAWTHORN HEDGE LN SAINT SCOTTS, FL 32259
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.			
SIGNATURE: 	PATRICIA A. PLOURDE	09-24-2016	352-213-6924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	Daytime Phone #