

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000059960

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: CHILDREN'S WORKSHOP LEARNING CENTER, INC.

**Current Principal Place of Business:**

511 NW ORANGE ST.  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

511 NW ORANGE ST.  
LAKE CITY, FL 32055

**New Mailing Address:**

FEI Number: 59-3353444

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BULLARD, CHARALEE  
511 ORANGE ST.  
LAKE CITY, FL 32055 US

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

BULLARD, CHARALEE  
511 NW ORANGE ST.  
LAKE CITY, FL 32055 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:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BULLARD, CHARALEE  
Address: RT. 9, BOX 821  
City-St-Zip: LAKE CITY, FL 32024

Title: VS ( ) Delete  
Name: SIRARD, RENE  
Address: RT 1 BOX 861  
City-St-Zip: WHITE SPRINGS, FL 32096

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARALEE BULLARD

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date