

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000059960

FILED
Apr 30, 2009
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 MOODY, CHARALEE
511 NW ORANGE ST.
LAKE CITY, FL 32055 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: P () Delete
Name: BULLARD MOODY, CHARALEE
Address: 1086 FINLEY LITTLE LANE
City-St-Zip: LAKE CITY, FL 32024

Title: VS () Delete
Name: SIRARD, RENE
Address: 9176 NW US HWY 41
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 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: CHARALEE BULLARD MOODY

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date