

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059688

FILED
Feb 14, 2005
Secretary of State

Entity Name: CEDARVIEW LEARNING CENTERS, INC.

Current Principal Place of Business:

5398 SCHOOL RD
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5398 SCHOOL RD
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-3454745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, KELLY
5398 SCHOOL RD
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

MILLER, KELLY L
5398 SCHOOL RD
NEW PORT RICHEY, FL 34652 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: KELLY L MILLER

02/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BRADFORD, KIMBERLY
Address: 13241 SUNFISH DR
City-St-Zip: HUDSON, FL 34667

Title: VPT () Delete
Name: MILLER, KELLY L
Address: PO BOX 1074
City-St-Zip: PORT RICHEY, FL 34673

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: KELLY L MILLER

VPT

02/14/2005

Electronic Signature of Signing Officer or Director

Date