

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000059688

FILED  
Jan 04, 2007  
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:**

BRADFORD, KIMBERLY A  
5398 SCHOOL RD  
NEW PORT RICHEY, FL 34652 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: PST ( ) Delete  
Name: BRADFORD, KIMBERLY  
Address: 13241 SUNFISH DR  
City-St-Zip: HUDSON, FL 34667

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

Title: PST (X) Change ( ) Addition  
Name: BRADFORD, KIMBERLY  
Address: 29140 JOHNSTON ROAD  
City-St-Zip: DADE CITY, FL 33523

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY BRADFORD

PRES

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date