


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State

07-18-2008 90014 044 ***150.00

DOCUMENT # P98000008169	
1. Entity Name CAROUSEL OF LEARNING OF BREVARD, INC.	

Principal Place of Business 2524 PALM BAY ROAD MELBOURNE, FL 32901	Mailing Address 2524 PALM BAY ROAD MELBOURNE, FL 32901
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00030001



07102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3495585	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLAIR, JOHNA 2528 PALM BAY RD PALM BAY, FL 32905	
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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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLAIR, JOHNA 4236 HIELD RD. PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT BLAIR, TIMOTHY D SR 4236 HIELD RD. PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAWSON, JOHN A SR 2190 LAKESIDE AVE MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/8/08

321-863-7127