

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040195

FILED
Apr 28, 2005
Secretary of State

Entity Name: THE CREATIVE CHILD LEARNING CENTER, III, INC.

Current Principal Place of Business:

1305 SW 101 D
DAVIE, FL 33324

New Principal Place of Business:

1305 SW 101 ROAD
DAVIE, FL 33324

Current Mailing Address:

150 WESTON RD.
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 65-0928671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CCLC MGMT. CO, INC.
JOAN AUFRICHTIG
150 WESTON RD
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

AUFRICHTIG, JOAN
150 WESTON ROAD
SUNRISE, FL 33326 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: JOAN AUFRICHTIG

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AGER, BRIAN
Address: 1305 SW 101 RD
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: JAFFE, EMERY D
Address: 10081 PINES BLVD., SUITE A
City-St-Zip: PEMBROKE PINES, FL 33024

Title: P () Delete
Name: AGER, BRIAN
Address: 1305 SW 101 RD
City-St-Zip: DAVIE, FL 33324

Title: VP () Delete
Name: AGER, EILEEN
Address: 1305 SW 101 RD
City-St-Zip: DAVIE, FL 33324

Title: ST () Delete
Name: AUFRICHTIG, JOAN M
Address: 1305 SW 101 RD
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOAN AUFRICHTIG

ST

04/28/2005

Electronic Signature of Signing Officer or Director

Date