

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000040195

FILED  
Apr 14, 2008  
Secretary of State

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

**Current Principal Place of Business:**

1305 SW 101 ROAD  
DAVIE, FL 33324

**New Principal Place of Business:**

**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:**

AUFRICHTIG, JOAN  
150 WESTON ROAD  
SUNRISE, FL 33326      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: PD ( ) Delete  
Name: AGER, BRIAN  
Address: 150 WESTON ROAD  
City-St-Zip: SUNRISE, FL 33326

Title: D ( ) Delete  
Name: JAFFE, EMERY D  
Address: 555 SW 12TH AVENUE SUITE 101  
City-St-Zip: POMPANO BEACH, FL 33069

Title: VPD ( ) Delete  
Name: AGER, EILEEN  
Address: 150 WESTON ROAD  
City-St-Zip: SUNRISE, FL 33326

Title: D ( ) Delete  
Name: JAFFE, EVAN  
Address: 555 SW 12TH AVENUE SUITE 101  
City-St-Zip: POMPANO BEACH, FL 33069

Title: STD ( ) Delete  
Name: AUFRICHTIG, JOAN M  
Address: 150 WESTON ROAD  
City-St-Zip: SUNRISE, FL 33326

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

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

Title: D (X) Change ( ) Addition  
Name: JAFFE, EMERY D  
Address: 6499 POWERLINE RD. SUITE 205  
City-St-Zip: FT. LAUDERDALE, FL 33309

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

Title: D (X) Change ( ) Addition  
Name: JAFFE, EVAN  
Address: 6499 POWERLINE RD. SUITE205  
City-St-Zip: FT. LAUDERDALE, FL 33309

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: EILEEN AGER

Electronic Signature of Signing Officer or Director

VPD

04/14/2008

\_\_\_\_\_ Date