

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:

AUFRICTIG, 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: AUFRICTIG, 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

VPD

04/14/2008

Electronic Signature of Signing Officer or Director

Date