

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714203

FILED
Feb 16, 2011
Secretary of State

Entity Name: CHILDREN'S EDUCATIONAL SERVICES, INC.

Current Principal Place of Business:

3697 CROWN POINT CT
SUITE 2
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

New Mailing Address:

3697 CROWN POINT CT
SUITE 2
JACKSONVILLE, FL 32257 US

Current Mailing Address:

201 E. KARI CT
JACKSONVILLE, FL 32259

FEI Number: 59-1216794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROACH, LARRY K PRES
201 E. KARI CT
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

BROACH, LARRY K PRES
3697 CROWN POINT CT
JACKSONVILLE, FL 32257 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: _____

Electronic Signature of Registered Agent

02/16/2011

Date

OFFICERS AND DIRECTORS:

Title: STD
Name: BROACH, TINA L
Address: 3697 CROWN POINT CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: CPD
Name: BROACH, LARRY K
Address: 3697 CROWN POINT CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD
Name: WEAD, BRANNEN B
Address: 3697 CROWN POINT CT, SUITE 2
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D
Name: DARM, TOMMIE B DR.
Address: 3697 CROWN POINT CT, SUITE 2
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D
Name: FOSTER, KATHY A
Address: 3697 CROWN POINT CT, SUITE 2
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LARRY K. BROACH

PRES

02/16/2011

Electronic Signature of Signing Officer or Director

Date