

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000140

FILED
May 01, 2009
Secretary of State

Entity Name: PROJECT ASPIRATION A CLASS ACT LEARNING CENTER, INC.

Current Principal Place of Business:

6645 TRAVELER ROAD
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

6645 TRAVELER ROAD
WEST PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 30-0493352 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PYFROM, ESTELLA M
6645 TRAVELER ROAD
WEST PALM BEACH, FL 33411 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PYFROM, ESTELLA M
Address: 6645 TRAVELER ROAD
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: VP () Delete
Name: PYFROM, WILLIE
Address: 6645 TRAVELER ROAD
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: S () Delete
Name: PYFROM, MIA
Address: 118 SPARROW DRIVE, APT #2
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: T () Delete
Name: ABRAMS, KAREN
Address: 6607 TRAVELER ROAD
City-St-Zip: WEST PALM BEACH, FL 33411 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: KAREN, ABRAMS
Address: 6645 TRAVELER ROAD
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: T (X) Change () Addition
Name: COX, BERNITA
Address: 6607 TRAVELER ROAD
City-St-Zip: WEST PALM BEACH, FL 33411 US

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

SIGNATURE: ESTELLA M. PYFROM

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date