


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90371 003 \*\*\*150.00

**DOCUMENT # P0000065315**

1. Entity Name  
**ALL-STAR ACADEMY, INC.**



Principal Place of Business      Mailing Address  
**445 STAN DR.**      **445 STAN DR.**  
**W. MELBOURNE, FL 32904 US**      **W. MELBOURNE, FL 32904 US**

2. Principal Place of Business      3. Mailing Address  
**315 Stan Drive**      **315 Stan Drive**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite #5 & 6**      **Suite #5 & 6**

City & State      City & State  
**West Melbourne**      **West Melbourne**

Zip      Country      Zip      Country  
**32904**      **Brevard**      **32904**      **Brevard**

04052006    Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2892031**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROSACI, M. JOAN**  
**1765 SANDYCREEK LA.**  
**MALABAR, FL 32950**

**7. Name and Address of New Registered Agent**

Name  
**Rosaci, M. Joan**

Street Address (P.O. Box Number is Not Acceptable)  
**315 Stan Drive**

Suite #5 & 6

City      State      Zip Code  
**West Melbourne**      **FL**      **32904**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ **M. Joan Rosaci, Reg. Agent**      **04/05/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPST <input type="checkbox"/> Delete
NAME	ROSACI, M. JOAN
STREET ADDRESS	1765 SANDYCREEK LA.
CITY-ST-ZIP	MALABAR, FL 32904
TITLE	DVP <input type="checkbox"/> Delete
NAME	JASZKOWIAK, JESSICA
STREET ADDRESS	4854 ERIN LN
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **M. Joan Rosaci, Director**      **04/05/06**      **321-725-1661**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

40050924

