

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065315

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: ALL-STAR ACADEMY, INC.

**Current Principal Place of Business:**

415 MARTIN RD. SE  
PALM BAY, FL 32909 US

**New Principal Place of Business:**

**Current Mailing Address:**

415 MARTIN RD. SE  
STE 5 & 6  
PALM BAY, FL 32909 US

**New Mailing Address:**

FEI Number: 59-2892031      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSACI, M. JOAN  
415 MARTIN RD. SE.  
PALM BAY, FL 32909 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: DP ( ) Delete  
Name: ROSACI, JOAN M  
Address: 1675 SANDY CREEK LN.  
City-St-Zip: MALABAR, FL 32904

Title: DVP ( ) Delete  
Name: JASZKOWIAK, JESSICA  
Address: 4854 ERIN LN  
City-St-Zip: MELBOURNE, FL 32940

Title: T ( ) Delete  
Name: CUMMINGS, APRIL  
Address: 131 CYPRESS BROOK CIR #916  
City-St-Zip: MELBOURNE, FL 32901

Title: VP ( ) Delete  
Name: PATTERSON, JAMIE L  
Address: 996 ESSEN AVE. NW  
City-St-Zip: PALM BAY, FL 32907

Title: S ( ) Delete  
Name: ROSACE, LEANNE  
Address: 1765 SANDY CREEK LN.  
City-St-Zip: MALABAR, FL 32950

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

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

Title: DVP (X) Change ( ) Addition  
Name: LALIBERTE, ROBIN  
Address: 4854 ERIN LN  
City-St-Zip: MELBOURNE, FL 32940

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

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

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: JOAN M. ROSACI

DP

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date