2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733403

FILED Jul 10, 2008 Secretary of State

Entity Name: PALM BEACH DAY ACADEMY INC.

urrent P	Principal Place of Business:	New Principal Place of Business:	
	'IEW AVE. ACH, FL 33480		
urrent N	Mailing Address:	New Mailing Address:	
	YIEW AVE. ACH, FL 33480		
	r: 59-0873834 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did	FEI Number Not Applicable () Certificate of Status De I not receive the prior notice.	esired ()
ame and	d Address of Current Registered Agent:	Name and Address of New Registered Ager	nt:
77 S. FL/ UITE 50(PORATE SERVICES, INC. AGLER DR. DE NLM BEACH, FL 33401 US		
		e purpose of changing its registered office or registered age	ent, or bot
the Stat	e of Florida.	e purpose of changing its registered office or registered age	ent, or bot
the Stat	e of Florida.		ent, or bot
the Stat	e of Florida. ** RE:		
the Stat	e of Florida. RE: Electronic Signature of Registered A	Agent Date	
the Stat GNATU FFICER cle: ame: ldress:	e of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: PD () Delete MUNDER, LEE 1029 NORTH OCEAN BLVD	Agent Date ADDITIONS/CHANGES TO OFFICERS AND Title: () Change () Addition Name: Name: Address:	
FFICER cle: ame: ddress: ty-St-Zip: cle: ame: ddress:	Electronic Signature of Registered A Electronic Signature of Registered A S AND DIRECTORS: PD () Delete MUNDER, LEE 1029 NORTH OCEAN BLVD PALM BEACH, FL 33480 DV () Delete LEONE, PAUL POST OFFICE BOX 228	Agent Date ADDITIONS/CHANGES TO OFFICERS AND Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	

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: PAUL LEONE DV 07/10/2008