2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# G36411

Entity Name: ROCK CREEK ACADEMY, INC.

Current Principal Place of Business:

% CAROL A. NAPOLI
2700 STONEBRIDGE PARKWAY
COOPER CITY, FL 33026

New Principal Place of Business:

Current Mailing Address:

6401 HANCOCK RD
FT. LAUDERDALE, FL 33330 US

New Mailing Address:

FEI Number: 59-2294166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NAPOLI, CAROL A.
2700 STONEBRIDGE PARKWAY
COOPER CITY, FL 33026 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: DVP ( ) Delete
Name: NAPOLI, CAROL A.,
Address: 6401 HANCOCK RD
City-St-Zip: FT. LAUDERDALE, FL

Title: T ( ) Delete
Name: NAPOLI, RICHARD A
Address: 6401 HANCOCK RD
City-St-Zip: FT. LAUDERDALE, FL

Title: S ( ) Delete
Name: BOHAN, MARY
Address: 6401 HANCOCK RD
City-St-Zip: FT LAUDERDALE, FL 33330

Title: VP ( ) Delete
Name: NAPOLI, JILL T VP
Address: 6401 HANCOCK ROAD
City-St-Zip: FORT LAUDERDALE, FL 33330 BR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: CAROL NAPOLI PRES 01/08/2006
Electronic Signature of Signing Officer or Director Date