2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G85397

10143 ASPEN WAY

PALM BEACH GARDENS, FL

Address: City-St-Zip:

Entity Name: ACADEMY FOR LITTLE PEOPLE, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4639 NORTH MILITARY TRAIL WEST PALM BEACH, FL 33409				7936 NORTH MILITARY TRAID LAKE PARK, FL 33403	
Current M	lailing Addres	s:	New Mailing Addres	New Mailing Address:	
4639 NORTH MILITARY TRAIL WEST PALM BEACH, FL 33409				7936 NORTH MILITARY TRAIL LAKE PARK, FL 33403	
FEI Number	: 59-2552556	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
PARK, KE 2240 PALM WEST PA	ITH H M BEACH LAKI LM BEACH, FL	ES BLVD., SUITE 200 33409 US			
	named entity s e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVD () ROLLINS, NANG 35 WINDSOR L PALM BCH GRI	ANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () SCHWEGEL, K 6315A 7 SPRIN GREENACRES,	GS BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () MORROW, DIA	Delete NNA	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: NANCY C. ROLLINS PRES 03/25/2009