

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081733

FILED
Apr 21, 2008
Secretary of State

Entity Name: THE VISION PERFORMING ARTS ACADEMY, LLC

Current Principal Place of Business:

1712 LEE ROAD
ORLANDO, FL 328105340

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120091
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 26-0591023

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHER'S CHURCH INC.
155 N. HIGHWAY 27
CLERMONT, FL 34711 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MOSES, RUTHENIA
Address: P.O. BOX 120091
City-St-Zip: CLERMONT, FL 34711

Title: MGR () Delete
Name: MOSES, NICHOLE
Address: 11729 LAKE CLAIR PLACE
City-St-Zip: CLERMONT, FL 34711

Title: MGR () Delete
Name: SWEET, RHONDA
Address: 12817 BROWN BARK TR.
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RUTHENIA MOSES

MRS.

04/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date