2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# N00000001382

Entity Name: RE-BIRTH ACADEMY, INC.

Current Principal Place of Business:

1924 COMANCHE AVE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

1924 COMANCHE AVE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3625829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDSON, ZACHERY
1924 COMANCHE AVE
TAMPA, FL 33610 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

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: MOORE, SHARON J
Address: 3411 N 49TH STREET
City-St-Zip: TAMPA, FL 33605

Title: VC ( ) Delete
Name: LEWIS, NELSON
Address: 1924 COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: PAREMORE, CAROLYN
Address: 1924 COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

Title: VT ( ) Delete
Name: LONDON, JANICE S
Address: 5201 E 7TH AVE
City-St-Zip: TAMPA, FL 33605

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: LEWIS, NELSON
Address: 1924 E. COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

Title: VC (X) Change ( ) Addition
Name: HUDSON, FREDDIE J
Address: 1924 COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

Title: VT (X) Change ( ) Addition
Name: LONDON, JANICE
Address: 1924 COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

Title: D (X) Change ( ) Addition
Name: OLIVER, KATIE M
Address: 1924 E. COMMANCHE AVE
City-St-Zip: TAMPA, FL 33610

Title: M ( ) Change (X) Addition
Name: PATTERSON, DOREEN
Address: 1924 E. COMANCHE AVE
City-St-Zip: TAMPA, FL 33610

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON LEWIS C 04/10/2006

Electronic Signature of Signing Officer or Director — Date