2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2007
Secretary of State

DOCUMENT# N00000003959

Entity Name: GEM SCHOOL AMERICA, INC.

Current Principal Place of Business:

2000 E. SUNRISE BOULEVARD
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

2000 E. SUNRISE BOULEVARD
FT. LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 65-1014281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KENO, CARY
P.O. BOX 7045
FT. LAUDERDALE, FL 33338 US

Name and Address of New Registered Agent:

KENO, CARY
2000 E. SUNRISE BLVD.
FT. LAUDERDALE, FL 33304 US

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: CARY KENO 05/05/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KENO, CARY
Address: P.O. BOX 7045
City-St-Zip: FORT LAUDERDALE, FL 33338

Title: D ( ) Delete
Name: KENO, BRIAN
Address: 2000 E. SUNRISE BOULEVARD
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D ( ) Delete
Name: KENO, BRUCE
Address: 2000 E. SUNRISE BOULEVARD
City-St-Zip: FT. LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KENO, CARY
Address: 2000 E. SUNRISE BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33304

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 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: CARY KENO D 05/05/2007
Electronic Signature of Signing Officer or Director Date