

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006194

1. Entity Name
LITTLE "A" ACADEMY, INC.



Principal Place of Business
24301 SW 137TH AVE.
PRINCETON, FL 33032

Mailing Address
24301 SW 137TH AVE.
PRINCETON, FL 33032

FILED

05 SEP 15 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50066894



05152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1067583	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIVONA, DOMINIC A SR.
24301 SW 137TH AVE.
MIAMI, FL 33032

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

8-31-05

Filing Fee is \$61.25
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOBOS, PIA V 2 ROBERTS RD. SIMSBURY, CT 06070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIVONA, DOMINIC A SR. 9424 SW 142ND ST. MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIVONA, DOMINIC A JR. 8 BRADFORD LANE PLAINSBORO, NJ 08538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400059781644
09/20/05--01039--022 **70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] Pia Dobos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-05
Date

860-4089227
Daytime Phone #