2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004
Secretary of State

DOCUMENT# N00000007339

Entity Name: THE MASTER'S ACADEMY FOUNDATION, INC.

Current Principal Place of Business:

13900 GRIFFIN RD.
FT. LAUDERDALE, FL 33330

New Principal Place of Business:

Current Mailing Address:

13900 GRIFFIN RD.
FT. LAUDERDALE, FL 33330

New Mailing Address:

FEI Number: 65-1063754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIRTUE, JAMES R
13900 GRIFFIN RD.
FT. LAUDERDALE, FL 33330

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: PD ( ) Delete
Name: VIRTUE, JAMES R
Address: 16702 N.W. 73RD CT.
City-St-Zip: MIAMI, FL 33015

Title: VPD ( ) Delete
Name: GARCIA, ULISES
Address: 19347 NW 13TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD ( ) Delete
Name: ROSENFELD, GINCY
Address: 4069 PINEWOOD LN
City-St-Zip: WESTON, FL 33331

Title: SD ( ) Delete
Name: GREENE, REGINA
Address: 3972 SW 135TH AVENUE
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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 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: JAMES R. VIRTUE PD 09/13/2004

Electronic Signature of Signing Officer or Director — Date