2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00904

FILED Apr 27, 2006 Secretary of State

Entity Name: DADE COUNTY SCHOOL ADMINISTRATORS' ASSOCIATION, INC.

urrent P	rincipal Place	or business:	New Princ	ipal Place of Business:
344 NOR 127	TH NOB HILL F	ROAD		
	ION, FL 33322	US		
urrent N	lailing Address	5:	New Maili	ng Address:
	TH NOB HILL F	ROAD		
127 _ANTAT	ION, FL 33322	US		
I Number	: 59-1264654	FEI Number Applied For ()	FEI Number Not App	icable () Certificate of Status Desired ()
ame and	d Address of Cu	urrent Registered Agent:	Name and	Address of New Registered Agent:
844NOB 27	N, CHARLES M HILL RD ION, FL 33322			
	e named entity so e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered office or registered agent, or bot
	e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered office or registered agent, or bot
the State	e of Florida. RE:	ubmits this statement for the p		ts registered office or registered agent, or bot Date
the State	e of Florida. RE:	c Signature of Registered Age	ent	
the State	e of Florida. RE: Electronic S AND DIRECT	c Signature of Registered Age CORS: Delete LD L ROAD #427	ent	Date
the State GNATUI FFICER le: ume: dress:	e of Florida. RE: Electronic S AND DIRECT D ()I ALTMAN, RONAL 1844 N NOB HIL PLANTATION, FL	c Signature of Registered Age CORS: Delete LD L ROAD #427 - Delete RLES, L ROAD #427	ent ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECTO
the State GNATUI FFICER le: ime: idress: ty-St-Zip: le: ime: idress:	e of Florida. RE: Electronic S AND DIRECT D ()I ALTMAN, RONAL 1844 N NOB HIL PLANTATION, FL BURDEEN, CHAI 1844 N NOB HIL PLANTATION, FL	c Signature of Registered Age ORS: Delete LD L ROAD #427 - Delete RLES, L ROAD #427 - Delete	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECTO () Change () Addition

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: CHARLES BURDEEN D 04/27/2006