2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006280

FILED Jan 19, 2006 Secretary of State

Entity Name: MARTIN LUTHER KING ACADEMY, INC.

Current Principal Place of Business: New Principal Place of Business:

3930 N.E. 15TH STREET GAINESVILLE, FL 32609

Current Mailing Address: New Mailing Address:

3930 N.E. 15TH STREET GAINESVILLE, FL 32609

FEI Number: 02-0552775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIAMS, NAOMI LAFFEY, LEEANN 1513 NE 40TH PL 2415 NW 38TH ST

GAINESVILLE, FL 32609 US GAINESVILLE, FL 32605 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: LEEANN LAFFEY 01/19/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: P () Delete Title: P (X) Change () Addition

 Name:
 WILLIAMS, NAOMI
 Name:
 LAFFEY, LEEANN

 Address:
 1513 NE 40TH PL
 Address:
 2415 NW 38TH ST

 City-St-Zip:
 GAINESVILLE, FL 32609
 City-St-Zip:
 GAINESVILLE, FL 32605

Title: D/V () Delete Title: () Change () Addition

 Name:
 TERZIAN, SEVAN
 Name:

 Address:
 2415 NW 38 ST
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:

Title: D/S () Delete Title: () Change () Addition

 Name:
 LEWIN, PATSY
 Name:

 Address:
 1850 NW 11TH RD.
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:

Title: D/T () Delete Title: () Change () Addition

 Name:
 NEWMAN, ARTHUR DR
 Name:

 Address:
 1802 NW 11 RD
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32605
 City-St-Zip:

Title: CP/D (X) Delete Title: () Change () Addition

 Name:
 WILLIAMS, NAOMI
 Name:

 Address:
 1513 NE 40TH PLACE
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32609
 City-St-Zip:

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: LEEANN LAFFEY PRES 01/19/2006