2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2007
Secretary of State

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Entity Name: DOWNTOWN ACADEMY OF TECHNOLOGY AND ARTS, INC.

Current Principal Place of Business:

101 SE 3RD AVENUE
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

4364 N.W. 103RD TERRACE
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 01-0666130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RENNA, RONALD P
4364 N.W. 103RD TERRACE
SUNRISE, FL 33351 US

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: VP ( ) Delete
Name: PARSONS, CYNTHIA
Address: 101 S.W. 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DIR ( ) Delete
Name: MAJOR, PAT
Address: 1722 W LAS OLAS BLVD
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: PRES ( ) Delete
Name: NOLTE, STEVEN
Address: 1726 SE 3RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DIR ( ) Delete
Name: SCHNEIDER, GREG
Address: 740 S.W. 75TH TERRACE
City-St-Zip: PLANTATION, FL 33317

Title: DIR ( ) Delete
Name: MANNING, EARL
Address: 101 SE 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DIR ( ) Delete
Name: LANDERS, HELEN
Address: 101 SE 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SECT (X) Change ( ) Addition
Name: PARSONS, CYNTHIA
Address: 101 S.W. 3RD AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

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

Title: DIR (X) Change ( ) Addition
Name: NOLTE, STEVEN
Address: 1726 SE 3RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: PRES (X) Change ( ) Addition
Name: SCHNEIDER, GREG
Address: 740 S.W. 75TH TERRACE
City-St-Zip: PLANTATION, FL 33317

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 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: RONALD P RENNA RA 01/07/2007

Electronic Signature of Signing Officer or Director — Date