2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005431

Entity Name: MASADA ACADEMY OF LEARNING, INC.

FILED Apr 03, 2005 Secretary of State

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

40077 MYRTLE LANE 2008 ROOKERY BAY DRIVE LADY LAKE, FL 32159

APT. # 1107

NAPLES, FL 34114

Current Mailing Address: New Mailing Address:

2008 ROOKERY BAY DRIVE 40077 MYRTLE LANE LADY LAKE, FL 32159

APT. #1107

NAPLES, FL 34114

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

CALISH, SHERYL H CALISH, SHERYL H

40077 MYRTLE LANE 2008 ROOKERY BAY DRIVE LADY LAKE, FL 32159 US APT. # 1107 NAPLES, FL 34114 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: 04/03/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CALISH, SHERYL H CALISH, SHERYL H Name: Name:

40077 MYRTLE LANE Address: 2008 ROOKERY BAY DRIVE Address:

NAPLES, FL 34114 City-St-Zip: LADY LAKE, FL 32159 City-St-Zip:

Title: () Delete Title: (X) Change () Addition COX, PATRICK D

Name: Name: COX, PATRICK D Address: 40077 MYRTLE LANE Address: 2008 ROOKERY BAY DRIVE

City-St-Zip: LADY LAKE, FL 32159 City-St-Zip: NAPLES, FL 34114

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

BROWN, CHRISTINE Name: BROWN, CHRISTINE Name: 5028 SW 178 TERRACE Address: Address: 7363 CIRCLE DRIVE City-St-Zip: DUNNELLON, FL 34432 City-St-Zip: LADY LAKE, FL 32159

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: SHERYL H. CALISH D 04/03/2005