## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005596

Entity Name: MASTER'S ACADEMY INTERNATIONAL, INC.

Apr 13, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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28001 HARRISON PKWY. 28001 HARRISON PARKWAY VALENCIA, CA 91355 VALENCIA, CA 91355 US

**Current Mailing Address: New Mailing Address:** 

28001 HARRISON PKWY. 24307 MAGIC MOUNTAIN PARKWAY VALENCIA, CA 91355 US #540 VALENCIA, CA 913553402 US

FEI Number: 52-2367676 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:

FULLER, KENNETH G 11505 E. BROADWAY MANGO, FL 33550

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete FULLER, KEN G FULLER, KENNETH G Name: Name:

11505 E. BROADWAY Address: P.O. BOX 428 Address: City-St-Zip: MANGO, FL 33550 City-St-Zip: MANGO, FL 33550

Title: Title: (X) Change ( ) Addition ( ) Delete DEUEL, DAVID C

Name: DEUEL, DAVID C Name: Address: P.O. BOX 428 Address: P.O. BOX 428 City-St-Zip: MANGO, FL 33550 City-St-Zip: MANGO, FL 33550 US

Title: () Delete Title: (X) Change ( ) Addition IVERSON, ROB Name: IVERSON, ROB A Name:

Address: 11505 E. BROADWAY Address: P.O. BOX 428 City-St-Zip: MANGO, FL 33550 City-St-Zip: MANGO, FL 33550 US

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

Name: WISMER, DAVID A Name: WISMER, DAVID A P.O. BOX 428 Address: P.O. BOX 428 Address: MANGO, FL 33550 US

City-St-Zip: MANGO, FL 33550 City-St-Zip:

Title: ( ) Delete Title: (X) Change ( ) Addition BUSENITZ, IRV BUSENITZ, IRV Name: Name:

P.O. BOX 428 P.O. BOX 428 Address: Address: City-St-Zip: MANGO, FL 33550 City-St-Zip: MANGO, FL 33550 US

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

MOLINARI. WILLIAM Name: Name: P.O. BOX 428 Address: Address: MANGO, FL 33550 US City-St-Zip: 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: ROB A IVERSON V 04/13/2006