

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005596

FILED
Apr 03, 2007
Secretary of State

Entity Name: MASTER'S ACADEMY INTERNATIONAL, INC.

Current Principal Place of Business:

28001 HARRISON PARKWAY
VALENCIA, CA 91355 US

New Principal Place of Business:

Current Mailing Address:

24307 MAGIC MOUNTAIN PARKWAY
#540
VALENCIA, CA 913553402 US

New Mailing Address:

FEI Number: 52-2367676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, KENNETH G
11505 E. BROADWAY
MANGO, FL 33550 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: V () Delete
Name: FULLER, KENNETH G
Address: P.O. BOX 428
City-St-Zip: MANGO, FL 33550

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

Title: P () Delete
Name: IVERSON, ROB A
Address: P.O. BOX 428
City-St-Zip: MANGO, FL 33550 US

Title: T () Delete
Name: WISMER, DAVID A
Address: P.O. BOX 428
City-St-Zip: MANGO, FL 33550 US

Title: D () Delete
Name: BUSENITZ, IRV
Address: P.O. BOX 428
City-St-Zip: MANGO, FL 33550 US

Title: D () Delete
Name: MOLINARI, WILLIAM
Address: P.O. BOX 428
City-St-Zip: MANGO, FL 33550 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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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: ROB IVERSON

PRES

04/03/2007

Electronic Signature of Signing Officer or Director

Date