2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007500

FILED Jun 28, 2006 Secretary of State

Entity Name: ROATAN BILINGUAL SCHOOL ACADEMIC FOUNDATION, INC.

-		,
Current Pri	ncipal Place of Business:	New Principal Place of Business:
699 S. FED	'DEE GALINDO ERAL HIGHWAY DD, FL 33020	
Current Mailing Address:		New Mailing Address:
699 S. FED	'DEE GALINDO ERAL HIGHWAY DD, FL 33020	
FEI Number:		nber Not Applicable () Certificate of Status Desired ()
	e with s. 607.193(2)(b), F.S., the corporation did not receive t Address of Current Registered Agent:	Name and Address of New Registered Agent:
BOWER, TANYA L ESQ C/O TRIPP SCOTT PA 110 SE 6TH STREET 15TH FLOOR FORT LAUDERDALE, FL 33301 US		SUMMERELL, WILLIAM R 444 BRICKELL AVENUE SUITE 51, BOX RO603 MIAMI, FL 33131 US
The above r	named entity submits this statement for the purpose o of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE: RUSS SUMMERELL		06/28/2006
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () Delete GALINDO, CHERYL 699 S FEDERAL HIGHWAY HOLLYWOOD, FL 33020	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete GALINDO-HYDE, HAYDEE 3352 SW 51ST STREET FORT LAUDERDALE, FL 33312	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete WARREN, JESSICA 14246 NW 21ST STREET PEMBROKE PINES, FL 33028	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete BRUNO, MARTHA 2104 SHEPARD STREET MOREHEAD CITY, NC 38557	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete SUMMERELL, RUSS 16590 NE 26TH AVENUE #504 N MIAMI BEACH, FL 33160	Title: D (X) Change () Addition Name: SUMMERELL, RUSS Address: 444 BRICKELL AVENUE City-St-Zip: MIAMI, FL 33131

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: RUSS SUMMERELL D 06/28/2006