2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# N03000004573

Entity Name: ABOVE ALL ACADEMY OF LEARNING, INC.

Current Principal Place of Business:

3836 COLLINWOOD LANE
WESTV PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3836 COLLINWOOD LANE
WESTV PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 56-2364314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOSTER, TAIRETHA
3836 COLLINWOOD LANE
WESTV PALM BEACH, FL 33406 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: D ( ) Delete
Name: FOSTER, TAIRETHA C
Address: 3836 COLLINWOOD LANE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D ( ) Delete
Name: FOSTER, ROY J
Address: 3836 COLLINWOOD LANE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D ( ) Delete
Name: TURNER, DESHA L
Address: 6944 3RD STREET
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: TURNER, DESHA L
Address: 6944 3RD STREET
City-St-Zip: JUPITER, FL 33458

Title: D (X) Change ( ) Addition
Name: DAVIS, CHERYL L
Address: 3766 VICTORIA DRIVE
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D (X) Change ( ) Addition
Name: WILLIAMS, ROJEAN
Address: 100 GREENWOOD PLACE
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: DESHA L. TURNER PRES 04/20/2004

Electronic Signature of Signing Officer or Director — Date