

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004573

FILED  
Mar 16, 2009  
Secretary of State

**Entity Name:** ABOVE ALL ACADEMY OF LEARNING, INC.

**Current Principal Place of Business:**

3836 COLLINWOOD LANE  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

3836 COLLINWOOD LANE  
WEST 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  
WEST 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: PRES ( ) Delete  
Name: TURNER, DESHA L  
Address: 6944 3RD STREET  
City-St-Zip: JUPITER, FL 33458

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

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

**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:

I hereby certify that the information supplied with this filing does not qualify 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: TAIRETHA C FOSTER

PRES

03/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date