2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N03000004666

Entity Name: NATIONAL ACADEMY OF PERFORMING ARTS, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
PO BOX 2854 PALM BEACH, FL 33480	

Current Mailing Address:	**New Mailing Address:**
PO BOX 2854 PALM BEACH, FL 33480	

FEI Number: 16-1667545   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:**
SFERRA, ANDREW P O BOX 2854 PALM BEACH, FL 33480 US	

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:

Title:	PD ( ) Delete	Title: ( ) Change ( ) Addition
Name:	SFERRA, ADREW	Name:
Address:	P O BOX 2854	Address:
City-St-Zip:	PALM BEACH, FL 33480 28	City-St-Zip:
Title:	D ( ) Delete	Title: ( ) Change ( ) Addition
Name:	EL GABRI, HASSAN	Name:
Address:	P O BOX 3054	Address:
City-St-Zip:	PALM BEACH, FL 33480	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: ANDREW SFERRA   PD   04/27/2006
_____
            Electronic Signature of Signing Officer or Director   Date