

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004666

FILED
Apr 25, 2007
Secretary of State

Entity Name: NATIONAL ACADEMY OF PERFORMING ARTS, INC.

Current Principal Place of Business:

PO BOX 2854
PALM BEACH, FL 33480

New Principal Place of Business:

44 COCOANUT ROW
B 601
PALM BEACH, FL 33480

Current Mailing Address:

PO BOX 2854
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 16-1667545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SFERRA, ANDREW
P O BOX 2854
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

SFERRA, ANDREW
44 COCOANUT ROW
B 601
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: _____

04/25/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SFERRA, ADREW
Address: P O BOX 2854
City-St-Zip: PALM BEACH, FL 33480 28

Title: D () Delete
Name: EL GABRI, HASSAN
Address: P O BOX 3054
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANDREW SFERRA

PD

04/25/2007

Electronic Signature of Signing Officer or Director

Date