2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# N03000006011

Entity Name: APPLAUSE ACADEMY, INC.

Current Principal Place of Business:

4472 WHITE OAK CIR
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

4472 WHITE OAK CIR
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 20-0115686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTIE, BARBARA
4472 WHITE OAK CIR
KISSIMMEE, FL 34746 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: P ( ) Delete
Name: ANDERSON, MARK
Address: 2604 TEESIDE DR
City-St-Zip: KISSIMMEE, FL 34746

Title: VT ( ) Delete
Name: CHRISTIE, BARBARA
Address: 4472 WHITE OAK CIR
City-St-Zip: KISSIMMEE, FL 34746

Title: S ( ) Delete
Name: ANDERSON, LURALEE
Address: 2604 TEESIDE CIR
City-St-Zip: KISSIMMEE, FL 34746

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ANDERSON, MARK
Address: 2604 TEESIDE DR
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Change ( ) Addition
Name: CHRISTIE, BARBARA
Address: 4472 WHITE OAK CIR
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Change ( ) Addition
Name: ANDERSON, LURALEE
Address: 2604 TEESIDE CIR
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Change (X) Addition
Name: DAVID, LUCINDA
Address: 1321 4TH ST.
City-St-Zip: ST CLOUD, FL 34769

Title: D ( ) Change (X) Addition
Name: PARSONS, WALTER
Address: 328 OAK ST.
City-St-Zip: KISSIMMEE, FL 34741

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: BARBARA CHRISTIE D 04/14/2005

Electronic Signature of Signing Officer or Director — Date