2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006011

Entity Name: APPLAUSE ACADEMY, INC.

FILED Jan 10, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
	.O BRONSON I E, FL 34744	HWY						
Current Mailing Address:				New Mailing Address:				
PO BOX 70 ST CLOUD								
FEI Number: 20-0115686 FEI Number Applied For () FEI N			FEI Numi	mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Name					me and Address of New Registered Agent:			
CHRISTIE, BARBARA 541 C LAKE TIVOLI BLVD KISSIMMEE, FL 34741 US				ANDERSON, LURALEE 2604 TEESIDE CIRCLE KISSIMMEE, FL 34746 US				
The above in the State		ubmits this statement for the pur	rpose of	changing it	s registered o	office or re	egistered agent, or both,	
SIGNATURE: LURALEE ANDERSON				01/10/2007				
	Electronic	Signature of Registered Agen	t				Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES	TO OFFI	CERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () E ANDERSON, MAI 2604 TEESIDE D KISSIMMEE, FL	R	1	Title: Name: Address: City-St-Zip:	()) Change() Addition	
Title: Name: Address: City-St-Zip:	D () E CHRISTIE, BARE 541 C LAKE TIVO KISSIMMEE, FL	DLI BLVD	1	Title: Name: Address: City-St-Zip:	S/T (X CHRISTIE, BAR P.O. BOX 701 ST. CLOUD, FL	036) Addition	
Title: Name: Address: City-St-Zip:	D ()E ANDERSON, LUF 2604 TEESIDE C KISSIMMEE, FL	IR	1	Title: Name: Address: City-St-Zip:	()) Change() Addition	
Title: Name: Address: City-St-Zip:	D () D DAVIS, LUCINDA 1321 4TH ST. ST CLOUD, FL 3		1	Title: Name: Address: City-St-Zip:	D (X LINK, MICHELL 264 OAKHURS KISSIMMEE, F	TCIRCLE) Addition	
Title: Name: Address: City-St-Zip:	D () E CHIMENTO, DAV 1003 LOGGERHI KISSIMMEE, FL	EAD CT	1	Title: Name: Address: City-St-Zip:	VP (X CHIMENTO, DA P.O. BOX 7010 ST CLOUD, FL	36) Addition	
Title: Name:	D () [GREG, DORSEY	Pelete		Title: Name:	PRES (X KRIVINCHUK,) Change(JEREMIAH) Addition	

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.

Address:

City-St-Zip:

792 E MICHIGAN ST

ORLANDO, FL 32806

SIGNATURE: BARBARA CHRISTIE D 01/10/2007

Address:

City-St-Zip:

817 NEPTUNE POINTE LANE

KISSIMMEE, FL 34744