2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006011

Entity Name: APPLAUSE ACADEMY, INC.

FILED May 15, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2411 E. IRLO BRONSON HWY 2411 E. IRLO BRONSON HWY

KISSIMMEE, FL 34744 KISSIMMEE, FL 34769

Current Mailing Address: New Mailing Address:

PO BOX 701036 2440 WEKIVA LN. ST CLOUD, FL 34770 ST. CLOUD, FL 34769

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANDERSON, LURALEE 2604 TEESIDE CIRCLE ANDERSON, LURALEE 2440 WEKIVA LN.

KISSIMMEE, FL 34746 US ST. CLOUD, FL 34769 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: 05/15/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D () Delete Title: VP (X) Change () Addition

 Name:
 ANDERSON, MARK
 Name:
 DAY, STEPHANIE

 Address:
 2604 TEESIDE DR
 Address:
 4043 PEMBERLY PINES CIR.

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 ST. CLOUD, FL 34769

Title: S/T () Delete Title: S/T (X) Change () Addition

 Name:
 CHRISTIE, BARBARA
 Name:
 CHRISTIE, BARBARA

 Address:
 P.O. BOX 701036
 Address:
 P.O. BOX 701036

 City-St-Zip:
 ST. CLOUD, FL 34770
 City-St-Zip:
 ST. CLOUD, FL 34769

Title: D () Delete Title: D (X) Change () Addition Name: ANDERSON, LURALEE Name: ANDERSON, LURALEE

Address: 2604 TEESIDE CIR Address: 2604 TEESIDE CIR
City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34769

 Name:
 LINK, MICHELLE
 Name:
 LINK, MICHELLE

 Address:
 264 OAKHURST CIRCLE
 Address:
 264 OAKHURST CIRCLE

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:
 KISSIMMEE, FL 34769

Title: VP () Delete Title: D (X) Change () Addition

 Name:
 CHIMENTO, DÁVID
 Name:
 CHIMENTO, DÁVID

 Address:
 P.O. BOX 701036
 Address:
 P.O. BOX 701036

 City-St-Zip:
 ST CLOUD, FL 34770
 City-St-Zip:
 ST CLOUD, FL 34769

Title: PRES () Delete Title: PRES (X) Change () Addition
Name: KRIVINCHUK JEREMIAH Name: HENDERSON JENNIFER

KRIVINCHUK, JEREMIAH

792 E MICHIGAN ST

ORLANDO, FL 32806

Name: HENDERSON, JENNIFER

Address: 2440 WEKIVA LN.

City-St-Zip: ST. CLOUD, FL 34769

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: JENNIFER HENDERSON PRES 05/15/2008

Electronic Signature of Signing Officer or Director

Date