

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004948

Entity Name: SCHULZ ADADEMY, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

10707 SAN BERNADINO WAY
BOCA RATON, FL 33428

New Principal Place of Business:

10707 SAN BERNARDINO WAY
BOCA RATON, FL 33428

Current Mailing Address:

10707 SAN BERNADINO WAY
BOCA RATON, FL 33428

New Mailing Address:

10707 SAN BERNARDINO WAY
BOCA RATON, FL 33428

FEI Number: 20-1192113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULZ, BARBARA
10707 SAN BERNADINO WAY
BOCA RTAON, FL 33428 US

Name and Address of New Registered Agent:

SCHULZ, BARBARA
10707 SAN BERNARDINO WAY
BOCA RTAON, FL 33428 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

04/27/2009

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SCHULZ, JOSEF PRESIDE
Address: 10707 SAN BERNARDINO WAY
City-St-Zip: BOCA RATON, FL 33428

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VICE () Change (X) Addition
Name: SCHULZ, BARBARA VICEPRE
Address: 10707 SAN BERNARDINO WAY
City-St-Zip: BOCA RATON, FL 33428

Title: REGI () Change (X) Addition
Name: SCHULZ, MARKUS
Address: 10707 SAN BERNARDINO WAY
City-St-Zip: BOCA RATON, FL 33428

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: JOSEF SCHULZ

Electronic Signature of Signing Officer or Director

PRES

04/27/2009

Date