

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005043

FILED
May 01, 2006
Secretary of State

Entity Name: 4TH DIMENSION ACADEMY INCORPORATED

Current Principal Place of Business:

6820 N. FLORIDA AVENUE
TAMPA, FL 336045558

New Principal Place of Business:

Current Mailing Address:

6820 N. FLORIDA AVENUE
TAMPA, FL 336045558

New Mailing Address:

FEI Number: 55-0868562 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:

FRANTZ, STEVEN C PH.D.
6820 N. FLORIDA AVENUE
TAMPA, FL 336045558 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

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: FRANTZ, STEVEN C PH.D.
Address: 213 MARHAM AVENUE
City-St-Zip: TAMPA, FL 33612

Title: S/D () Delete
Name: FRANTZ, LINDA
Address: 213 MARHAM AVE.
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: SPEARMAN, BEATRICE
Address: 2430 EAST EMMA ST.
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: PALMER, ADRIENNE
Address: 803 MONROE ST.
City-St-Zip: PLANT CITY, FL 33563

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D () Change (X) Addition
Name: LOPEZ, GINA
Address: 4509 CABBAGE PALM DRIVE
City-St-Zip: VALRICO, FL 33594

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.

SIGNATURE: STEVEN C. FRANTZ, PH.D.

P/D

05/01/2006

Electronic Signature of Signing Officer or Director

Date