2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008241

7542 SW 157 PL

MIAMI, FL 33193

Address:

City-St-Zip:

N

FILED Apr 27, 2006 Secretary of State

Entity Name: DOUBLE EDGE ACADEMY, INC. **Current Principal Place of Business: New Principal Place of Business:** 19205 SW 185 COURT MIAMI, FL 33187 **Current Mailing Address: New Mailing Address:** 19205 SW 185 COURT MIAMI, FL 33187 FEI Number: 20-0704818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EAGEN-ZORRILLA, CINDY 19205 SW 185 COURT MIAMI, FL 33187 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ZORRILLA, JONATHAN E Name: Name: Address: 19205 SW 185 COURT Address: City-St-Zip: MIAMI, FL 33187 City-St-Zip: Title: Title: () Delete () Change () Addition EAGEN-ZORRILLA, CINDY Name: Name: Address: 19205 SW 185 COURT Address: City-St-Zip: MIAMI, FL 33187 City-St-Zip: Title: () Delete Title: (X) Change () Addition FANJUL, ALEXANDER Name: FANJUL, ALEXANDER Name: 901 SPINNACKER COURT 116 WOODLAND CIRCLE Address: Address: City-St-Zip: CHESAPEAKE, VA 23320 City-St-Zip: FRANKLIN, VA 23851 () Delete Title: D Title: () Change () Addition Name: GIL, DAMARIS Name: 5200 SW 69 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: Title: () Delete () Change () Addition CANAAN, YAMIL Name: Name:

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:

SIGNATURE: CINDY EAGEN ZORRILLA VS 04/27/2006