2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001553

Title:

Name:

Address:

City-St-Zip:

Entity Name: DEDEMOTION ACADEMY IN

FILED Feb 14, 2007 Secretary of State

Entity Name: REDEMPTION ACADEMY, INC. **Current Principal Place of Business: New Principal Place of Business:** 3501 NE 3RD AVE POMPANO BEACH, FL 33064 **Current Mailing Address: New Mailing Address:** 3501 NE 3RD AVE POMPANO BEACH, FL 33064 FEI Number: 47-0951902 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: CLERVEAUX, HECTOR 3501 NE 3RD AVE POMPANO BEACH, FL 33064 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CLERVEAUX, HECTOR Name: Name: 5621 NW 43RD WAY Address: Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: METELLUS, LUCIUS Name: Address: 211 NE 25TH CT Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: () Delete Title: () Change () Addition CLERVEAUX, ABNER Name: Name: 1835 N DIXIE HWY Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HECTOR CLERVEAUX PD 02/14/2007

() Delete

JASMIN, CLARA

22738 SW 10TH ST

BOCA RATON, FL

() Change () Addition