2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# N05000002332

Entity Name: SUNFLOWERS ACADEMY, INC.

Current Principal Place of Business:

2901 SW 7TH STREET
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

2901 SW 7TH STREET
MIAMI, FL 33135

New Mailing Address:

FEI Number: 20-0658520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARAH, CARLOS M CPA
999 PONCE DE LEON BLVD, # 825
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: GONZLEZ, OLGA
Address: 2901 SW 7TH STREET
City-St-Zip: MIAMI, FL 33135

Title: VPD ( ) Delete
Name: GONZALEZ, ROBERTO
Address: 2901 SW 7TH STREET
City-St-Zip: MIAMI, FL 33135

Title: TD ( ) Delete
Name: KEITH, DALE
Address: 2901 SW 7TH STREET
City-St-Zip: MIAMI, FL 33135

Title: SD ( ) Delete
Name: VERAJANO, DAVID
Address: 2901 SW 7TH STREET
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete
Name: GALORFE, JUSTAFINA
Address: 2901 SW 7TH STREET
City-St-Zip: MIAMI, FL 33135

Title: D ( ) Delete
Name: BARREAL, ROSALINA
Address: 2901 SW 7TH STREET
City-St-Zip: MIAMI, FL 33135

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

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

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: OLGA GONZALEZ PD 04/15/2008

Electronic Signature of Signing Officer or Director — Date