


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90061 042 ****70.00

DOCUMENT # N05000012894	
1. Entity Name NORTH BROWARD ACADEMY OF EXCELLENCE PTA, INC.	

Principal Place of Business 961 SW 71 ST AVE NORTH LAUDERDALE, FL 33068	Mailing Address 961 SW 71 ST AVE NORTH LAUDERDALE, FL 33068
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2. Principal Place of Business - No P.O. Box # 8200 SW 17th Street Suite, Apt. #, etc.	3. Mailing Address 8200 SW 17th Street Suite, Apt. #, etc.
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City & State North Lauderdale FL	City & State North Lauderdale FL
Zip 33068	Zip 33068
Country	Country

40061000



02282007 Chg-NP CR2E037 (12/06)

4. FEI Number 72-1609586	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNBAR, ALICIA 2474 NW 68TH WAY SUNRISE, FL 33313

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Dunbar</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIORDAN, KRISTEN <input type="checkbox"/> Delete 8799 NW 39TH STREET SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CELONA, KELLY <input type="checkbox"/> Delete 7934 SW 8TH STREET NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SEARSA, MIA <input checked="" type="checkbox"/> Delete 520 SW 81ST TERRACE NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DUNBAR, ALICIA <input type="checkbox"/> Delete 2674 NW 68TH WAY SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.
SIGNATURE: <i>Kristen R. Riordan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3/1/07 954-718-2211 Date Daytime Phone #