2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007
Secretary of State

DOCUMENT# N06000007679

Entity Name: AGAINST ALL ODDS ACADEMY, INC.

Current Principal Place of Business:

5107 PINEWOOD AVE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5107 PINEWOOD AVE
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 11-3785907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

BROWN, LARDONA DR
5107 PINEWOOD AVE
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

BROWN, LARONDA DR
5107 PINEWOOD AVE
WEST PALM BEACH, FL 33407 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: LARONDA BROWN 09/05/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BROWN, LARONDA DR
Address: 5107 PINEWOOD AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: BUTTERFIELD, ANJELICA
Address: PO BOX 223534
City-St-Zip: WEST PALM BEACH, FL 33422

Title: D ( ) Delete
Name: NEWBOLD, MYRTLE F
Address: PO BOX 223534
City-St-Zip: WEST PALM BEACH, FL 33422

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:

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: LARONDA BROWN D 09/05/2007
Electronic Signature of Signing Officer or Director Date