

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED

07 MAY -3 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900102238099
05/14/07--01009--026 **\$1.25

DOCUMENT # N06000007886
 1. Entity Name
 WINDSOR ACADEMY, INC.



DO NOT WRITE IN THIS SPACE

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07

2. Principal Place of Business 838 NW 183rd Street Suite, Apt. #, etc. Suite 206		3. Mailing Address 2200 NW 192nd Terrace Suite, Apt. #, etc.	
City & State Miami Gardens, Florida		City & State Miami, Florida	
Zip 33169	Country	Zip 33056	Country

4. FEI Number Applied For
Not Applicable


5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name SPIEGEL & UTRERA, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 1840 SW 22nd Street, 4th Floor
 City Miami FL Zip Code 33145

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  By: Natalia Utrera, Vice-President 5/2/07
(NOTE: Registered Agent signature required when resigning)

FEE IS \$61.25 Initial or Amended UBR

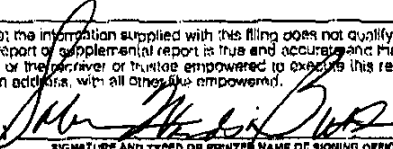
9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Sabrina Windsor-Butler 2200 NW 192 Terrace, Miami, FL 33056	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Keith S. Butler Sr. 2200 NW 192 Terrace, Miami, FL 33056	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR200378 (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 officer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowerments.

SIGNATURE  Sabrina Windsor-Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR