

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008059

FILED
Mar 23, 2009
Secretary of State

Entity Name: RESTORATION ACADEMY, INC.

Current Principal Place of Business:

20506 NW 8 CT
MIAMI GARDENS, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

20506 NW 8 CT
MIAMI GARDENS, FL 33169 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LISCOMBE, GEDION A
10775 SW 190 ST
BAY 2
CUTLER BAY, FL 33157 US

Name and Address of New Registered Agent:

LISCOMBE, GEDION A
20506 NW 8TH COURT
MIAMI GARDENS, FL 33169 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:

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POITIER-LISCOMBE, SHERRIE E MS
Address: 20506 NW 8 CT
City-St-Zip: MIAMI GARDENS, FL 33169 US

Title: P () Delete
Name: HALL-HUDSON, RHONYCE J MS
Address: 21240 SW 97 AVE
City-St-Zip: MIAMI, FL 33189 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SHERRIE POITIER-LISCOMBE, MS

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date