2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011147

FILED Jun 30, 2008 Secretary of State

Entity Name: MANDA'S LITTLE EAGLES CHRISTIAN ACADEMY, INC.

New Principal Place of Business: Current Principal Place of Business: 5703 ARLINGTON ROAD JACKSONVILLE, FL 32211 **Current Mailing Address: New Mailing Address:** P.O. BOX 331156 ATLANTIC BEACH, FL 32233 FEI Number: 76-0840253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: Name and Address of New Registered Agent: RAMSAY, ANDREW 301 S.W. 10TH STR. DELRAY BEACH, FL 33444 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete CEO () Change () Addition RAMSAY, SHERMANDA A Name: Name: Address: 275 CARRIANN COVE CT. Address: City-St-Zip: JACKSONVILLE, FL 33225 City-St-Zip: Title: CFO () Delete Title: () Change () Addition Name: RAMSAY, ANDREW Name: Address: PO BOX 7946 Address: City-St-Zip: DELRAY BEACH, FL 33482 City-St-Zip: Title: SEC () Delete Title: () Change () Addition HILL-DUNK, OZZADIA Name: Name: Address: POBOX 331156 Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: Title: ADVI () Delete Title: () Change () Addition Name: ANDERSON-DONALDSON, SHIRLEY Name: 275 CARRIANN COVE CT. Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 US 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: SHERMANDA RAMSAY CEO 06/30/2008