2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000914

Entity Name: GRACE ACADEMY INTERNATIONAL INC.

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 777 N.W 106 STREET 13400 N.W 28TH AVE. MIAMI, FL 33150 2ND FLOOR OPA LOCKA, FL 33054 **Current Mailing Address: New Mailing Address:** P.O BOX 694353 MIAMI, FL 33269 FEI Number: 14-1987419 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILORD-FERGUSON, CHANTALE FERGUSON, CHANTALE 150 N.E 132ND STREET 150 N.E 132ND STREET MIAMI, FL 33169 MIAMI, FL 33169 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: CHANTALE FERGUSON 03/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEO () Change () Addition () Delete FERGUSON, ALS Name: Name: P.O BOX 694353 Address: Address: City-St-Zip: MIAMI, FL 33269 City-St-Zip: Title: Title: PC00 (X) Change () Addition () Delete MILORD-FERGUSON, CHANTALE Name: FERGUSON, CHANTALE Name: Address: P.O BOX 694353 Address: P.O BOX 694353 City-St-Zip: MIAMI, FL 33269 City-St-Zip: MIAMI, FL 33269 Title: VΡ () Delete Title: () Change () Addition EALEY, GERALD T Name: Name: P.O BOX 694353 Address: Address: City-St-Zip: MIAMI, FL 33269 City-St-Zip: Title: DIRC () Delete Title: () Change () Addition Name: LAVONIA, EALEY D Name: P.O BOX 694353 Address: Address: City-St-Zip: MIAMI, FL MIAMI City-St-Zip: Title: ADM () Delete Title: SECR (X) Change () Addition ORA, REESE D METAYER, NICOLE C Name: Name: P.O BOX 694353 P.O BOX 694353 Address: Address: City-St-Zip: MIAMI, FL 33269 City-St-Zip: MIAMI, FL 33269

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHANTALE FERGUSON PCOO 03/26/2009

() Delete

Title:

Name:

Address:

City-St-Zip:

() Change (X) Addition

MCKALLY, JESSICA L

P.O BOX 694353 MIAMI, FL 33269