

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001649

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: THE BELLALAGO ACADEMY PTO, INC.

## Current Principal Place of Business:

3651 PLEASANT HILL ROAD  
KISSIMMEE, FL 34746

## New Principal Place of Business:

## Current Mailing Address:

3651 PLEASANT HILL ROAD  
KISSIMMEE, FL 34746

## New Mailing Address:

FEI Number: 06-1793903

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RODRIGUEZ, ARACELY L  
3651 PLEASANT HILL ROAD  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

LOPEZ RODRIGUEZ, ARACELY  
3651 PLEASANT HILL ROAD  
KISSIMMEE, FL 34746 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: ARACELY LOPEZ RODRIGUEZ

04/29/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RODRIGUEZ, ARACELY L  
Address: 2550 VOLTA CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

Title: V ( ) Delete  
Name: ABREU, MARITZA  
Address: 1 TROPHY LANE  
City-St-Zip: KISSIMMEE, FL 34759

Title: S ( ) Delete  
Name: MENDEZ, TERESA R  
Address: 3706 WILLOWSBROOK WAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: T ( ) Delete  
Name: TAYLOR-ISSOTT, MICHELLE  
Address: 3150 APPALOOSA COURT  
City-St-Zip: KISSIMMEE, FL 34746

Title: T (X) Delete  
Name: TROFFER, MARYELLEN  
Address: 4146 BLACKPOWDERWAY  
City-St-Zip: KISSIMMEE, FL 34746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LOPEZ RODRIGUEZ, ARACELY  
Address: 2550 VOLTA CIRCLE  
City-St-Zip: KISSIMMEE, FL 34746

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: TROFFER, MARYELLEN  
Address: 4146 BLACKPOWDER WAY  
City-St-Zip: KISSIMMEE, FL 34746

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: ARACELY LOPEZ RODRIGUEZ

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date