2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

BULKLEY, ELLEN

12422 SW 251 TERRACE

HOMESTEAD, FL 33032 US

Name:

Address:

City-St-Zip:

Mar 28, 2009

DOCOM	IEN I# NU8	JUUUU8128		Secretary of State	
Entity Na	me: B.E.S.T. A	CADEMY, INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
	123 PLACE EAD, FL 33032	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	123 PLACE EAD, FL 33032	US			
FEI Number	: 26-3690724	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
	JDY M 123 PLACE EAD, FL 33032	US			
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () VENTO, JUDY N 25064 SW 123 HOMESTEAD, F	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BULKLEY, JAME 12422 SW 251 HOMESTEAD, F	TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JUDY M. VENTO Ρ 03/28/2009