2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N08000009083

Entity Name: NEW ALTERNATIVE EDUCATION HIGH SCHOOL OF OSCEOLA COUNTY, INC.

Current Principal Place of Business:

% JULIE F. KLAHR, ESQ.
3099 EAST COMMERCIAL BLVD. SUITE 200
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

JULIE F. KLAHR, ESQ.
3099 EAST COMMERCIAL BLVD. SUITE 200
FORT LAUDERDALE, FL 33308

Current Mailing Address:

% JULIE F. KLAHR, ESQ.
3099 EAST COMMERCIAL BLVD. SUITE 200
FORT LAUDERDALE, FL 33308

New Mailing Address:

JULIE F. KLAHR, ESQ.
3099 EAST COMMERCIAL BLVD. SUITE 200
FORT LAUDERDALE, FL 33308

FEI Number: 26-4274546 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KLAHR, JULIE F
GOREN, CHEROF DOODY & EZROI, P.A.
3099 EAST COMMERCIAL BLVD., SUITE 200
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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:

Title: CHRM ( ) Delete
Name: PELAIA, BILL
Address: 212 LONGVIEW AVENUE
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Delete
Name: PELAIA, WILLIAM
Address: 212 LONGVIEW AVENUE
City-St-Zip: CELEBRATION, FL 34747

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: BILL PELAIA CHRM 04/22/2009
Electronic Signature of Signing Officer or Director — Date