2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: C.R.O.W.N.S. ACADEMY OF CENTRAL FLORIDA INC

Current Principal Place of Business:

11119 LAXTON STREET
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

11119 LAXTON STREET
ORLANDO, FL 32824

New Mailing Address:

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

Name and Address of Current Registered Agent:

ONLY, MONICA S
11119 LAXTON STREET
ORLANDO, FL 32824 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: P
Name: ONLY, MONICA S
Address: 11119 LAXTON STREET
City-St-Zip: ORLANDO, FL 32824 US

Title: VP
Name: ONLY, THOMAS T
Address: 4829 SHOSHONE STREET
City-St-Zip: ORLANDO, FL 32819 US

Title: VP
Name: ONLY, LILLAR
Address: 4829 SHOSHONE STREET
City-St-Zip: ORLANDO, FL 32819 US

I hereby 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 all other like empowered.

SIGNATURE: MONICA S. ONLY CEO 07/08/2010
Electronic Signature of Signing Officer or Director — Date