

**2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 10, 2012  
Secretary of State**

DOCUMENT# N11000008776

**Entity Name:** LADY ACES VOLLEYBALL ACADEMY, INC.

**Current Principal Place of Business:**

1590 CARILLON PARK DR  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

1590 CARILLON PARK DR  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 45-3435866      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARMS, LAURA  
1590 CARILLON PARK DR  
OVIEDO, FL 32765 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:** DIR  
**Name:** LADY ACES VOLLEYBALL ACADEMY, INC.  
**Address:** 1590 CARILLON PARK DR.  
**City-St-Zip:** OVIEDO, FL 32765

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: LAURA HARMS

RA

04/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date