2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N14309

Entity Name: THE MASTER'S ACADEMY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1500 LUKAS LANE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1500 LUKAS LANE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-2663620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIS, WILLIAM
1500 LUKAS LANE
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: COB ( ) Delete
Name: BATTS, MIKE
Address: 2622 LAKE HOWELL LANE
City-St-Zip: WINTER PARK, FL 32792

Title: VC ( ) Delete
Name: PENNINGTON, WES
Address: 442 RAYMOND AVE
City-St-Zip: LONGWOOD, FL

Title: T ( ) Delete
Name: WOOD, MIKE
Address: 1443 TOWHEE RUN
City-St-Zip: OVIEDO, FL 32765

Title: S ( ) Delete
Name: MERCKEL`, BILL
Address: 790 MILLSHORE DRIVE
City-St-Zip: CHULUOTA, FL 32766

Title: BM ( ) Delete
Name: WILSON, AMY
Address: 4927 TUSKABAY POINT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MIKE WOOD T 04/23/2009

Electronic Signature of Signing Officer or Director — Date