2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N44098

Entity Name: UNIVERSAL ACADEMY OF FLORIDA, INC.

Current Principal Place of Business:

6801 ORIENT ROAD
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

6801 ORIENT ROAD
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3119396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KASSEM, GAMAL
6801 ORIENT ROAD
TAMPA, FL 33610 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:	V	( ) Delete
Name:	NIMER, MAHMOUD DR	
Address:	5040 WILLOW OAK ROAD LANE	
City-St-Zip:	SPRING HILL, FL 34607	
Title:	S	( ) Delete
Name:	KASSEM, GAMAL	
Address:	635 RAPID FALLS DR	
City-St-Zip:	BRANDON, FL 33511	
Title:	D	( ) Delete
Name:	SHAMSI, ZIAUDDIN DR	
Address:	18138 LONGWATER RUN DRIVE	
City-St-Zip:	TAMPA, FL 33647	
Title:	P	( ) Delete
Name:	MAHMALJI, GHIATH	
Address:	4928 AYSHIRE DR	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	T	( ) Delete
Name:	KHALIL, ABDUL S	
Address:	13442 RUDI LOOP	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	D	( ) Delete
Name:	KASTI, MOHAMAD	
Address:	19104 NATURE PALM LANE	
City-St-Zip:	TAMPA, FL 33647	

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:	
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: OSAMA S KAYALI CPA 04/24/2009

Electronic Signature of Signing Officer or Director — Date