2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2007
Secretary of State

DOCUMENT# N92000000837

Entity Name: FLORIDA LEARNING ACADEMY PRIVATE SCHOOL, INC.

Current Principal Place of Business:

5993 COKER AVENUE
COCOA, FL 32927

New Principal Place of Business:

Current Mailing Address:

5993 COKER AVENUE
COCOA, FL 32927

New Mailing Address:

FEI Number: 59-3166860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RHAME, THERESA A
5993 COKER AVENUE
COCOA, FL 32927 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: PD ( ) Delete
Name: RHAME, THERESA A
Address: 5993 COKER AVENUE
City-St-Zip: COCOA, FL 32927

Title: VD ( ) Delete
Name: PULVER, CAROL
Address: 21 VOLUSIA DRIVE
City-St-Zip: DEBARY, FL 32713

Title: TD ( ) Delete
Name: GEORGE, LEE ANN
Address: 118 W. PASCO LANE
City-St-Zip: COCOA BEACH, FL 32931

Title: SD ( ) Delete
Name: WELDON, SHANNON
Address: 460 MONITOR ST.
City-St-Zip: MERRITT ISLAND, FL 32952

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:

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: THERESA A RHAME PD 05/26/2007
Electronic Signature of Signing Officer or Director — Date