2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002553

Entity Name: SOMERSET ACADEMY, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	HNSON STRE KE PINES, FL						
Current Mailing Address:				New Mailing Address:			
6255 BIRD ROAD MIAMI, FL 33155				6361 SUNSET DRIVE MIAMI, FL 33143			
FEI Number	: 31-1569428	FEI Number Applied For()	FEI Nun	nber Not Appl	licable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:		Name and	Address of N	lew Registered Agent:	
2731 EXECUTE WESTON, The above	FL 33331 named entity	CDRIVE, STE 4 US submits this statement for the p	urpose o	f changing i	ts registered c	office or registered agent, or	both,
in the State	e of Florida.						
SIGNATU		ois Cissostons of Demisters of Asso	1			Dete	
Electronic Signature of Registered Agent				Date			
OFFICER	S AND DIREC	CTORS:		ADDITION	IS/CHANGES	TO OFFICERS AND DIRE	CTORS
Title: Name: Address: City-St-Zip:	DCP (BARROSO, VIO 1228 WEST AV MIAMI BEACH	VENUE #1405		Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	DVCS (ROMEU, MER` 16486 SW 20 MIRAMAR, FL	ST.		Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D (HUI FANG SU, 2150 NAUTILU MIAMI BEACH,	S DR.		Title: Name: Address: City-St-Zip:	D (X HUI FANG SU, 2150 ARECA P BOCA RATON,	ALM ROAD	
Title: Name: Address: City-St-Zip:	GUILARTE, KII 7700 NW 98TH			Title: Name: Address: City-St-Zip:	GUILARTE, KIN 7700 NW 98TH		
Title: Name: Address: City-St-Zip:	D (HANSON, CYN 2755 CR 5710 DEVINE, TX 7			Title: Name: Address: City-St-Zip:	DVC (X HANSON, CYN 2755 CR 5710 DEVINE, TX 78		
Title: Name: Address: City-St-Zip:	D (RESENDEZ, C 2755 CR 5710 DEVINE, TX 7			Title: Name: Address: City-St-Zip:	()) Change ()Addition	

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: VICTOR BARROSO DCP 04/21/2009