

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007139

FILED
Feb 15, 2007
Secretary of State

Entity Name: SOUTH FLORIDA ACADEMY OF LEARNING, INC.

Current Principal Place of Business:

4640 N.W. 74TH PLACE
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

4640 N.W. 74TH PLACE
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 65-0635581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAISANO, ANTHONY
4640 N.W. 74TH PLACE
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

MAISANO, ANTHONY
5851 HOLMBERG ROAD
APT. 1222
PARKLAND, FL 33067 US

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

02/15/2007

Date

OFFICERS AND DIRECTORS:

Title: P T () Delete
Name: MAISANO, MARYANNE N
Address: 12084 NW 76 PL
City-St-Zip: PARKLAND, FL 33076 US

Title: VPS () Delete
Name: MAISANO, ANTHONY D
Address: 12084 NW 76 PL
City-St-Zip: PARKLAND, FL 33076 US

Title: D () Delete
Name: ROTHSTEIN, EVELYN
Address: 16 W 16TH ST, 11DN
City-St-Zip: NEW YORK, NY 10011 US

Title: D () Delete
Name: MIANNAY, EDWARD
Address: 7501 NW 44 TERRENCE
City-St-Zip: POMPANO BEACH, FL 33073 US

Title: D (X) Delete
Name: FRIEDMAN, DEBBIE
Address: 7315 NW 68TH WAY
City-St-Zip: PARKLAND, FL 33067 US

Title: D () Delete
Name: RUNSDORF, MYLES A
Address: 2499 W GLADES RD. SUITE 312
City-St-Zip: BOCA RATON, FL 33431 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P T (X) Change () Addition
Name: MAISANO, MARYANNE N
Address: 5851 HOLMBERG ROAD, APT. 1222
City-St-Zip: PARKLAND, FL 33067 US

Title: VPS (X) Change () Addition
Name: MAISANO, ANTHONY D
Address: 5851 HOLMBERG ROAD, APT. 1222
City-St-Zip: PARKLAND, FL 33067 US

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 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: ANTHONY MAISANO

Electronic Signature of Signing Officer or Director

VP

02/15/2007

Date