

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065315

Entity Name: ALL-STAR ACADEMY, INC.

FILED
Apr 24, 2009
Secretary of State

Current Principal Place of Business:

415 MARTIN RD. SE
PALM BAY, FL 32909 US

New Principal Place of Business:

Current Mailing Address:

415 MARTIN RD. SE
STE 5 & 6
PALM BAY, FL 32909 US

New Mailing Address:

FEI Number: 59-2892031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSACI, M. JOAN
415 MARTIN RD. SE.
PALM BAY, FL 32909 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ROSACI, JOAN M
Address: 1675 SANDY CREEK LN.
City-St-Zip: MALABAR, FL 32904

Title: DVP () Delete
Name: JASZKOWIAK, JESSICA
Address: 4854 ERIN LN
City-St-Zip: MELBOURNE, FL 32940

Title: T () Delete
Name: CUMMINGS, APRIL
Address: 131 CYPRESS BROOK CIR #916
City-St-Zip: MELBOURNE, FL 32901

Title: VP () Delete
Name: PATTERSON, JAMIE L
Address: 996 ESSEN AVE. NW
City-St-Zip: PALM BAY, FL 32907

Title: S () Delete
Name: ROSACE, LEANNE
Address: 1765 SANDY CREEK LN.
City-St-Zip: MALABAR, FL 32950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change () Addition
Name: LALIBERTE, ROBIN
Address: 4854 ERIN LN
City-St-Zip: MELBOURNE, FL 32940

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN M. ROSACI

DP

04/24/2009

Electronic Signature of Signing Officer or Director

Date