2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)							FILED					
DOCUMENT # P00000075914 1. Entity Name							Apr 30, 2005 08:00 AM Secretary of State					
THE MAS	STER CLASS ACADEMY,	INC.						4	1//			
Principal Place of Business			Mailing Address									-
711B ORANGE AVE WINTER PARK FL 32789			711B ORANGE AVE WINTER PARK FL 32789									
2. Principal F	Place of Business	3. Mai	3. Mailing Address				'"					
Suite, Apt.	#, etc.	Suit	Suite, Apt. #, etc.				1:	st MOORE	CI	R2E034	(10/04)	
City & Stat	le	City	City & State				4. FEI Number 59-3663933 Applied For Not Applicate			Applied For Not Applicable		
Zip	Country	Zip		Coun	try			e of Status Des			\$8.75 A Fee Requi	
<u></u>	6. Name and Address of Curre	ent Registere	ed Agent	 	Name .		7. Name an	d Address of	New Reg	istered	Agent	
SPEIGHT, HEATHER								······································				_
711	B ORÂNGE AVE ITER PARK FL 32789				Street Ad	idress (F	P.O. Box Number is Not Acceptable)					
VVIIV	HER FARK FL 32/09											
					City					FL	Zip Co	ode
8. The above the obligat	named entity submits this statementions of registered agent.	t for the purp	ose of changing its	registere	ed office or r	register	ed agent, or b	oth, in the State	e of Florid	la. I am	familiar wit	h, and accept
SIGNATURE .	Signature, typed or printed name of registered ag	gent and title if app	licable (NOT	Registere	d Agent signatur	e required	when reinstating)	,	 ;···	DATE	 -	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550 Payable to Florida Departmen							9. Election (Trust Fun				5.00 May Be
10.	OFFICERS A		RS	11.			ADDITIONS	J JOHANGES TO	OFFICE	ĀŠ ANĪ	DIRECTO	R\$ IN 11
TIFLE	D	· -	☐ Delete	TITLE						-,	☐ Change	Addilion
NAME STREET ADDRESS	BOWLUS, DEBBIE	220 E. MORSE BLVD. #104		MAM	E Et address							
CITY-ST-ZIP	WINTER PARK FL 32789				-S1-ZIP							
TITLE	D		☐ Delete	TITLE			· ···	UODO	000350	7549	☐ Change	Addition
NAME STREET ADDRESS	SPEIGHT, HEATHER			NAME STREET ADORESS				05/02/()5-80°	ĬŎ9-O	12 150	0.00
CITY-ST-ZIP	2918 SANDOWELL DR. WINTER PARK FL 32792			•	-ST-ZIP			•				
TITLE			☐ Delete	TITLE							☐ Change	☐ Addition
NAME			* ***, * .****** * *****	NAMI	1		-	1 14	- ' '		- *	
STREET ADDRESS !					ET ADDRESS -ST-ZIP							
TITLE			☐ Delete	TITLE							Change	Addition
NAME				MAM	E							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST - ZIP							
TITLE			☐ Delete	TITLE							☐ Change	Addition
NAME			□ Delete	NAME							change	L. Addition
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP				-	-ST-ZIP						<u> </u>	- 1
TITLE NAME			Delete	NAME	i						Change	Addition Addition
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP					-ST-ZIP			· ·				
 I hereby of indicated of the corr 	certify that the information supplied von this report or supplemental report poration or trustee er	vith this filing rt is true and a noowered to	does not qualify for accurate and that ne execute this report	the exerny signates as require	nption state ure shall haved by Chap	d in Sec ve the s ster 607	ction 119.07(3) ame legal effe Florida Statut	i(i), Florida Stat ct as if made u es: and that my	utes. I fui nder oati	ther cer that I a	ify that the m an office Block 10	information er or director or Block 11 if

reblie 2000 4/27/05 (407)645-40