


FILED
Mar 07, 2007 8:00 am
Secretary of State

02-14-2007 90059 025 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000075914
 1. Entity Name
THE MASTER CLASS ACADEMY, INC.



Principal Place of Business 711B ORANGE AVE WINTER PARK, FL 32789	Mailing Address 711B ORANGE AVE WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3663933	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPEIGHT, HEATHER
 711B ORANGE AVE
 WINTER PARK, FL 32789

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8. 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWLUS, DEBBIE 220 E. MORSE BLVD. #104 WINTER PARK, FL 32789 <i>Treasurer Secretary</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEIGHT, HEATHER 2918 SANDWELL DR WINTER PARK, FL 32782 <i>Pres.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Speight, Roy A.</i> 2918 Sandwell Drive Winter Park, FL 32792 <i>Vice Pres.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debbie Bowlus Date: 2/6/07 Daytime Phone #: (407) 645-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR