

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000050481

1. Entity Name  
ACADEMY OF RISING STARS, INC.



**FILED**  
**Jun 26, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
314 N HWY 17  
PALATKA, FL 32177

Mailing Address  
314 N HWY 17  
PALATKA, FL 32177



06232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 90-0070989	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

BRAMLITT, DENISE  
314 N HWY 17  
PALATKA, FL 32117

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHELLE, LINDSEY 148 HIWATHA CT E PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BRAMLITT, DENISE 148 HIWATHA CT E PALATKA, FL 32131
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U00000953376  
06/26/08-80001-021 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: *Lindsey Bramlitt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lindsey Bramlitt 6-23-08

Date

Daytime Phone #

386-328-  
6448