
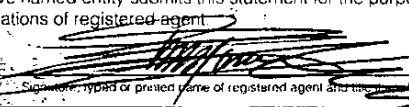


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90095 005 ***150.00

DOCUMENT # P03000157024			
1. Entity Name FLORIDA CHRISTIAN ACADEMY, INC.			
Principal Place of Business 7601 W FLAGLER ST, # 215 MIAMI FL 33155		Mailing Address 7601 W FLAGLER ST, # 215 MIAMI FL 33155	
2. Principal Place of Business 6625 Miami Lakes Dr. Suite, Apt. #, etc. # 348 City & State Miami Lakes, Florida Zip 33014 Country Miami-Dade		3. Mailing Address 6625 Miami Lakes Dr. Suite, Apt. #, etc. # 348 City & State Miami Lakes, Florida Zip 33014 Country Miami-Dade	
6. Name and Address of Current Registered Agent ALFONSO, RICARDO 7601 W FLAGLER ST, # 215 MIAMI FL 33155 (New address) 6625 Miami Lakes Dr. #348 Miami Lakes, FL 33014		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6625 Miami Lakes Dr. # 348 City MIAMI LAKES FL Zip Code 33014	
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:  02/10/06 (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFONSO, RICARDO 7601 W FLAGLER ST, # 215 MIAMI FL 33155 6625 Miami Lakes Dr. #348 Miami Lakes FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALFONSO, VIRGINIA 7601 W FLAGLER ST, # 215 MIAMI FL 33155 6625 Miami Lakes Dr. #348 Miami Lakes FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/06 (305) 244-9355
777-3823

Date

Daytime Phone #