

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139528

FILED
Feb 11, 2005
Secretary of State

Entity Name: PRIVATE ACADEMY OF AMERICA, INC.

Current Principal Place of Business:

10216 QUITO ST.
HOLLYWOOD, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

10216 QUITO ST.
HOLLYWOOD, FL 33026 US

New Mailing Address:

FEI Number: 11-3728912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCEPTION CONSULTANTS CORPORATION
10216 QUITO ST.
HOLLYWOOD, FL 33026 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: PD () Delete
Name: DILLEY, CORNELIA C
Address: 10216 QUITO ST.
City-St-Zip: HOLLYWOOD, FL 33026 US

Title: VD (X) Delete
Name: BRAATZ, MARIO
Address: 10216 QUITO ST.
City-St-Zip: HOLLYWOOD, FL 33026 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRAATZ, MARIO
Address: 10216 QUITO ST.
City-St-Zip: HOLLYWOOD, FL 33026 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIO BRAATZ

P

02/11/2005

Electronic Signature of Signing Officer or Director

_____ Date