

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048484

FILED
Apr 22, 2009
Secretary of State

Entity Name: HOOP DREAMS ACADEMY, INC.

Current Principal Place of Business:

74 KING ST
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

240 N. HIDDEN TREE DRIVE
ST. AUGUSTINE, FL 32086 US

Current Mailing Address:

240 N. HIDDEN TREE DRIVE
ST. AUGUSTINE, FL 32086

New Mailing Address:

240 N. HIDDEN TREE DRIVE
ST. AUGUSTINE, FL 32086 US

FEI Number: 20-8891291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NOWATZKI, SHERRI
74 KING ST
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

NOWATZKI, SHERRI
240 N. HIDDEN TREE DRIVE
ST. AUGUSTINE, FL 32086 US

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:

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOWATZKI, SHERRI
Address: 74 KING ST
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: VP () Delete
Name: ABBEY, KEITH
Address: 240 N. HIDDEN TREE DR
City-St-Zip: ST. AUGUSTINE, FL 32086 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NOWATZKI, SHERRI
Address: 240 N. HIDDEN TREE DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SHERRI A. NOWATZKI

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date