FILED Jun 04, 2008 8:00 am Secretary of State 05-01-2008 90231 020 ***150.00

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2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000120597 1. Entity Name LA MENSA ACADEMY INC									03-0)1-20C	16 9UZ3	020	130.00	
Principal Plac 8355 WOOD WEST PALM	SMUIR DRIV	E	· .	Mailing Addres 8355 WOODS WEST PALM B	412 US	:	6 (DE)10 E)	0132	M 46119 6816	1 11678 11811 1 1	Bean Brosa each ra	BIEDI M JEDI		
2. Principal Place of Business - No P.O. Box #				3. Mailing Addre										
Suite, Apt. #. etc.				Suite, Apt. #.		· · · · · · · · · · · · · · · · · · ·	01112008	Chg-	P	CR2E	34 (12/06)			
City & Stat	City & State			City & State			4. FEI Numt	xer -/3/	,46	761		pplied For ot Applicable		
Zip	Country		Zip Cour		ountry		5. Certificate	of Status D	esired	0	\$8.75 Ad Fee Require	ditional		
	and Address	legistered Agent				7. Name and Address of New Registered Agent								
TAYLOR, ELIZABETH						Name	Name							
8355 WOODSMUIR DRIVE WEST PALM BEACH, FL 33412						Street A	ddress (P.O. Box Numb	oer is Not Ac	cepiable				
						City								
											FL	Zip Coo		
The above the obligat	ramed entiti ions of regisi	y submits this lered agent.	statement for	the purpose of ch	anging its regis	tered office or	register	ed agent, or be	oth, in the St	ate of Flo	rida. I am	lamiliar with	and accept	
SIGNATURE_														
	Signature, typed	or priviled name of	registered agent ar	nd hille if repaircable.	(NOTE: Regit	Hered Agent signal	A d 1 deck to the	when ramatating)			DATE			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees														
10.		OFF	ICEAS AND D	PIRECTORS	1	11.		ADDITIONS	/CHANGES	TO OFFI	CERS AND	DIRECTOR	S IN 11	
TITLE NAME	P,D	EI IZABETL				TITLE	İ					☐ Change	Addition	
STREET ADDRESS	TAYLOR, ELIZABETH 8355 WOODSMUIR DRIVE					NAME Sireet address								
CITY-ST-ZIP		LM BEACH,	FL 33412			CIFY-SI-ZIP								
TITLE NAME	VP,D	HENOV			1	INTLE						Change	☐ Addition	
STREET ADDRESS	TAYLOR, HENRY 8355 WOODSMUIR DRIVE				NAME Street adoress							į		
CITY-ST-ZIP	WEST PALM BEACH, FL 33412					CITY-ST-ZIP								
TITLE	_					TITLE						Change	☐ Addition	
STREET ADDRESS						Jame Streef adoress "					_			
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NAME STREET ADDRESS					1	IAME TREET ADDRESS							-	
CITY-ST-ZIP						ZIY-SI-ZIP							1	
12. I hereby o	certify that the	e information s	supplied with t	his filing does not	quality for the	exemptions of	ontained	in Chapter 119	9, Florida Su	itutes. I fi	urther cert	ify that the in	nformation	
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.													Block 11 if	
SIGNATURE: SIGNATURE AND TYPES OF PRINTED HAVES OF DESCRICE SECURITY OF THE OF PRINTED HAVES OF DESCRICE SECURITY AND TYPES OF PRINTED HAVES OF DESCRICE SECURITY OF THE OFFICE OFFICE OFFICE OFFICE O														
	/	ENGHANURE	TYPED OR PR	INTED HAME OF MENO	O CHICER ON CHE	ECTOR			- 6-8		0	sysme Phone 8		