2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000068233

1. Entity Name
KOALA-TEE ACADEMY, INC.

Principal Place of Business	Mailing Address
5640 S. FLORIDA AVE. FLORAL CITY, FL 34436	P.O. BOX 982 FLORAL CITY, FL 34436

DO NOT WRITE IN THIS SPACE

01252007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3335398
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLER, DEBRA
5640 S. FLORIDA AVE.
FLORAL CITY, FL 34436

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000606395
01/30/07-80076-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALLER, DEBRA
STREET ADDRESS	P.O. BOX 982
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	P
NAME	WALLER, RICHARD
STREET ADDRESS	P.O. BOX 982
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	VP
NAME	WALLER, CHAD
STREET ADDRESS	P.O. BOX 982
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	S
NAME	WALLER, TROY
STREET ADDRESS	P.O. BOX 982
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	T
NAME	WALLER, RYAN
STREET ADDRESS	P.O. BOX 982
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Debra M Waller 1-24-07 352-344-9338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #