

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000068233

Entity Name: KOALA-TEE ACADEMY, INC.

FILED
Apr 05, 2011
Secretary of State

Current Principal Place of Business:

5640 S. FLORIDA AVE.
FLORAL CITY, FL 34436

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 982
FLORAL CITY, FL 34436

New Mailing Address:

FEI Number: 59-3335398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: WALLER, DEBRA
Address: P.O. BOX 982
City-St-Zip: FLORAL CITY, FL 34436

Title: P
Name: WALLER, RICHARD
Address: P.O. BOX 982
City-St-Zip: FLORAL CITY, FL 34436

Title: VP
Name: WALLER, CHAD
Address: P.O. BOX 982
City-St-Zip: FLORAL CITY, FL 34436

Title: S
Name: WALLER, TROY
Address: P.O. BOX 982
City-St-Zip: FLORAL CITY, FL 34436

Title: T
Name: WALLER, RYAN
Address: P.O. BOX 982
City-St-Zip: FLORAL CITY, FL 34436

I hereby 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 all other like empowered.

SIGNATURE: DEBRA WALLER

DIR

04/05/2011

Electronic Signature of Signing Officer or Director

Date