

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2006  
Secretary of State**

DOCUMENT# N02000005484

Entity Name: VANTAGE POINT ACADEMY, INC.

**Current Principal Place of Business:**

4506 MEADOWLAND DR  
MT. DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

4506 MEADOWLAND DR  
MT. DORA, FL 32757

**New Mailing Address:**

FEI Number: 52-2370992      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAMBERS, KIMBERLY D  
4506 MEADOWLAND DR.  
MT. DORA, FL 32757      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      ( ) Delete  
Name: CHAMBERS, FREDERICK A  
Address: 4506 MEADOWLAND DR  
City-St-Zip: MT. DORA, FL 32757

Title: D      ( ) Delete  
Name: CHAMBERS, KIMBERLY D  
Address: 4506 MEADOWLAND DR  
City-St-Zip: MT. DORA, FL 32757

Title: D      ( ) Delete  
Name: CLINKSCALE, SHANNON L  
Address: 1344 HILLWAY RD  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM D. CHAMBERS

D

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date