

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

**FILED  
May 18, 2006  
Secretary of State**

DOCUMENT# N03000002187

Entity Name: WISH ACADEMY, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

1300 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33705

**Current Mailing Address:**

**New Mailing Address:**

1300 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33705

FEI Number: 51-0454890      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SMITH & HOPEN, PA  
15950 BAY VISTA DRIVE  
SUITE 220  
CLEARWATER, FL 33760 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: D ( ) Delete  
Name: GATLIN, DAVID  
Address: 1300 FIRST AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33705

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

Title: D ( ) Delete  
Name: CRANE, SHAWN  
Address: 14250 49TH STREET NORTH  
City-St-Zip: CLEARWATER, FL 33762

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

Title: D ( ) Delete  
Name: HOPEN, ANTON  
Address: 15950 BAY VISTA DRIVE, STE. 220  
City-St-Zip: CLEARWATER, FL 33760

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: DAVID GATLIN

D

05/18/2006

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

\_\_\_\_\_  
Date