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Secretary of State

03-20-2008 90025 045 ****70.00

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N05000003400
 1. Entity Name
 ACADEMICAL VILLAGE RESEARCH AND EDUCATION
 FOUNDATION, INC.



Principal Place of Business
 3301 COLLEGE AVENUE
 FORT LAUDERDALE, FL 33314 US

Mailing Address Attn: Dr. Greg Stiber
 3301 COLLEGE AVENUE
 LICENSURE OFFICE - APL
 FORT LAUDERDALE, FL 33314 US

50000129



02052008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-2618049	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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6. Name and Address of Current Registered Agent
 JOHNSON, GARRY W ESQ.
 110 SOUTHEAST 6TH STREET
 15TH FLOOR
 FT. LAUDERDALE, FL 33301

**DO NOT WRITE
 IN THIS SPACE**

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)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDP PALMER, CHARLES 3301 COLLEGE AVENUE FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANBURY, GEORGE L II, PHD 3301 COLLEGE AVENUE FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEVAN, SUSAN 3301 COLLEGE AVENUE FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARRINSON, RALPH 3301 COLLEGE AVENUE FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCHRIE, ROBERT 3301 COLLEGE AVENUE FORT LAUDERDALE, FL 33314
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 617, 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: George L. Hanbury II Date: _____ Daytime Phone #: 954-262-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George L. Hanbury II, Ph.D.