

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003211

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** ACCREDITING ASSOCIATION INTERNATIONAL FOR SCHOOLS, COLLEGES, AND SEMINARIES, INC.

**Current Principal Place of Business:**

836 W. MONTROSE ST  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 585477  
ORLANDO, FL 32858

**New Mailing Address:**

**FEI Number:** 80-0389028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIERRE-LOUIS, MICHELE  
5210 VATICAN AVE  
ORLANDO, FL 32810 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: P ( ) Delete  
Name: PIERRE-LOUIS, MICHELE  
Address: 5210 VATICAN AVE  
City-St-Zip: ORLANDO, FL 32810

Title: VP ( ) Delete  
Name: DELINX, MERALUS  
Address: P.O.BOX: 136797  
City-St-Zip: CLERMONT, FL 34713

Title: TR ( ) Delete  
Name: TARDIEU, RIDORE  
Address: P. O. BOX 585477  
City-St-Zip: ORLANDO, FL 32858

Title: S ( ) Delete  
Name: FRANDY, BISSERETH  
Address: 2800 ROSE BLVD  
City-St-Zip: ORLANDO, FL 32839

**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:

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHELE PIERRE-LOUIS

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date