

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 06, 2009  
Secretary of State**

DOCUMENT# N38470

Entity Name: COLLEGE OF AMERICA, INC.

**Current Principal Place of Business:**

5950 LAKEHURST DRIVE  
SUITE 101  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

5950 LAKEHURST DR  
SUITE 101  
ORLANDO, FL 32819 US

**New Mailing Address:**

FEI Number: 59-3135783      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PORTIGLIATTI, FERNANDA G  
8137 VIA ROSA  
ORLANDO, FL 32836 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: PD ( ) Delete  
Name: PORTIGLIATTI, ANTHONY B  
Address: 8137 VIA ROSA  
City-St-Zip: ORLANDO, FL 32836 US

Title: VP ( ) Delete  
Name: SHINDOLL, FLORALEE ANN  
Address: 4601 JUDY CT  
City-St-Zip: ORLANDO, FL 32839 US

Title: DT ( ) Delete  
Name: PORTIGLIATTI, FERNANDA G  
Address: 8137 VIA ROSA  
City-St-Zip: ORLANDO, FL 32836 US

Title: DS ( ) Delete  
Name: URICH, BRUCE W.H.  
Address: 2142 BONANZA AVENUE  
City-St-Zip: WINTER PARK, FL 32792 US

**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: ANTHONY B. PORTIGLIATTI

PD

03/06/2009

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

\_\_\_\_\_  
Date