2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# N02000001617

Entity Name: AKADEMIC FOUNDATION, INC.

Current Principal Place of Business:

1630 NW 26 TERR.
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1630 NW 26 TERR.
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 02-0572208 **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:

MCFADDEN, LENORA
2802 SW 128 WAY
MIRAMAR, FL 33027 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: CD ( ) Delete
Name: CARTER, PATRICIA
Address: 10341 N. LAKE VISTA CIRCLE
City-St-Zip: DAVIE, FL 33328

Title: VD ( ) Delete
Name: FLOYD, JEANNIE
Address: 5169 CHARDONNAY DR.
City-St-Zip: CORAL SPRINGS, FL 33067

Title: SD ( ) Delete
Name: CHESTER, SHIRLENE
Address: 2831 N.W.173 TERR.
City-St-Zip: MIAMI, FL 33056

Title: TD ( ) Delete
Name: JONES, ROBYN
Address: 1364 SW 47TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: FLETCHER, JOANN
Address: 245 NW 117TH AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD (X) Change ( ) Addition
Name: AUGUSTIN-BIRCH, PANAYOTTA
Address: 7366 NW 116 LANE
City-St-Zip: PARKLAND, FL 33076

Title: TD (X) Change ( ) Addition
Name: JONES, ROBYN C
Address: 1364 SW 47TH AVE
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBYN C JONES TD 05/04/2005

Electronic Signature of Signing Officer or Director — Date