2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006488

FILED May 13, 2005 Secretary of State

Entity Name: SOUTH FLORIDA INTERNATIONAL ACADEMY OF BUSINESS, INC

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: STIGGONS, GERALD 4801 BALBOA DRIVE ORLANDO, FL 32808 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Current Pi	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
P.O. BOX 616592 ORLANDO, FL 32861 FEI Number: 20-1388800					
FEI Number: 20-1388800 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: STIGGONS, GERALD 4801 BALBOA DRIVE ORLANDO, FL 32808 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: Title: C/OE () Delete Name: STIGGONS, GERALD C Address: PO, BOX 618592 Address: City-St-Zip: ORLANDO, FL 32861 Title: TRS () Delete Name: STIGGONS, SEAN P Name: RAMOS, ANN T Address: PO, BOX 618592 Address: City-St-Zip: ORLANDO, FL 32861 Title: TRS () Delete Name: RAMOS, ANN T Address: PO, BOX 618592 Address: City-St-Zip: ORLANDO, FL 32861 Title: TITLE: DIR () Delete Name: RAMOS, ANN T Name: RAMOS, ANN T Address: PO, BOX 618592 Address: City-St-Zip: ORLANDO, FL 32861 Title: DIR () Delete Name: RAMOS, ANN T Name: RAMOS, ANN	Current M	ailing Address:	New Mailing Addre	ss:	
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: STIGGONS, GERALD 4801 BALBOA DRIVE ORLANDO, FL 32808 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent					
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4801 BALBOA DRIVE ORLANDO, FL 32808 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: C/CE () Delete Title: () Change () Addition Name: STIGGONS, GERALD C Name: Address: P.O. BOX 616592 Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: Title: P () Delete Title: () Change () Addition Name: STIGGONS, SEAN P Name: Address: P.O. BOX 616592 Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: Title: TRS () Delete Title: () Change () Addition Name: RAMOS, ANN T Name: Address: P.O BOX 616592 Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: Title: DIR () Delete Name: Name: FRANKLIN, ROBERT D Name: Address: P.O. BOX 616592 Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: Title: DIR () Delete Name: Name: NiCOLAS, HOWARD D Name:	4801 BALB	BOA DRIVE			
Electronic Signature of Registered Agent			purpose of changing its register	ed office or registered agent, or both,	
OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRE Title: C/CE () Delete Title: () Change () Addition Name: STIGGONS, GERALD C Name: Address: P.O. BOX 616592 Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: Title: P () Delete Title: () Change () Addition Name: STIGGONS, SEAN P Name: Address: P.O. BOX 616592 Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: Title: TRS () Delete Title: () Change () Addition Name: RAMOS, ANN T Name: Address: P.O BOX 616592 Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: Title: DIR () Delete Name: Name: FRANKLIN, ROBERT D Name: Address: P.O. BOX 616592 Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: Title: DIR () Delete Name: Name: NiCOLAS, HOWARD D Name:	SIGNATUR	RE:			
Title:		Electronic Signature of Registered Ag	ent	Date	
Name: STIGGONS, GERALD C Name: Address: Chadress: Address: City-St-Zip: Address: City-St-Zip: Address: City-St-Zip: City-St-Zip: City-St-Zip: Change () Addition Name: Address: City-St-Zip: Address: City-St-Zip:	OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
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Name: RAMOS, ANN T Name: Address: P.O BOX 616592 Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: Title: DIR () Delete Title: () Change () Addition Name: FRANKLIN, ROBERT D Name: Address: P.O. BOX 616592 Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: Title: DIR () Delete Title: () Change () Addition Name: NICOLAS, HOWARD D Name: Address: P.O. BOX 616592 Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: Title: DIR () Delete Title: () Change () Addition Name: SMITMAN, GREGG D Name:	Name: Address:	STIGGONS, SÉAN P P.O. BOX 616592	Name: Address:	()Change ()Addition	
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Name: NICOLAS, HOWARD D Name: Address: P.O. BOX 616592 Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip: Title: DIR () Delete Title: () Change () Addition Name: SMITMAN, GREGG D Name:	Name: Address:	FRANKLIN, ROBERT D P.O. BOX 616592	Name: Address:	() Change () Addition	
Name: SMITMAN, GREGG D Name:	Name: Address:	NICOLAS, HOWARD D P.O. BOX 616592	Name: Address:	() Change () Addition	
Address: P.O. BOX 616592 Address: City-St-Zip: ORLANDO, FL 32861 City-St-Zip:	Name: Address:	SMITMAN, GREGG D P.O. BOX 616592	Name: Address:	() Change () Addition	

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: ROBERT E. FRANKLIN DIR 05/13/2005