2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007
Secretary of State

DOCUMENT# N94000003282

Entity Name: INNOVATION SCHOOL OF EXCELLENCE, INC.

Current Principal Place of Business:

333 AUSLEY ROAD
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

333 AUSLEY ROAD
TALLAHASSEE, FL 32304

New Mailing Address:

329 AUSLEY ROAD
TALLAHASSEE, FL 32304

FEI Number: 59-3252917 **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:

LELAND, JACK P
15051 LELAND CIR
TALLAHASSEE, FL 32308 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:	BOD	( ) Delete
Name:	COLLINS, MARGARET	
Address:	23363 BLUE STAR HWY	
City-St-Zip:	QUINCY, FL 32351	
Title:	BOD	( ) Delete
Name:	JONES, DR.SHIRLEY PHD	
Address:	3138 CORRIB DR	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	BOD	( ) Delete
Name:	ASIFO-TOUYO, LORIE	
Address:	8669 ALEXANDRITE CT	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	BOD	( ) Delete
Name:	FIELDS, DR. ANIKA PHD	
Address:	3601 WESTMORELAND DR	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	BOD	( ) Delete
Name:	BUTLER, JEFF DEA.	
Address:	147 MASON DR	
City-St-Zip:	HAVANA, FL 32333	
Title:	BOD	(X) Delete
Name:	PATTERSON, JONATHON L III	
Address:	1700 N MONROE ST STE 11	
City-St-Zip:	TALLAHASSEE, FL 32303	

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:	
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: REGINA MCHARDY CHR 07/11/2007
Electronic Signature of Signing Officer or Director — Date