Suite, Apr. #. etc.     Suite, Apr. #. etc.     Office Apr. #. etc.       City & Suite     City & Suite     Org & Suite       Zip     Country     Zip       Zip     Country     Zip       Zip     Country     Zip       Zip     Country     Zip       State     State     State       Zip     Country     Zip       State     State     State       State     State     State       State     Country     Zip       State     Country     State       State     Country     State       State     Country     State       State     State     Country       State     Country     State       State     Country     State       State     State     State       State     St	2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT						FILED Apr 21, 2008 8:00 a Secretary of State				
1775 SHIGHAND AVE CLEARWATER, FL 33756 US       1775 SHIGHAND AVE CLEARWATER, FL 33756 US         2. Principal Alloced Business - No P.D. Box #       3. Maling Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       Only & State         Z@       Country         Z@       Country         Z@       Country         Z@       Country         SIEGL, BRIAN         SIEGL,	1. Entity Nan	ne		Y SCHOOL, INC							
Suite Apt #. etc.     Suite. Apt #. etc.     01112008     City A Suite     01112008     City APP     CR2E037 (12/06)       City A Suite     City A Suite     City A Suite     01112008     City APP     CR2E037 (12/06)       Zip     Country     Zip     Country     Zip     Country     State Applied       Zip     Country     Zip     Country     Zip     Country     State Applied       Steller, BRIAN     Steller, Applied     Name and Address of Current Registered Agent     Name Address of Now Registered Agent     Name Address of Now Registered Agent       Steek Address (F) Disc Number is Not Acceptable)     Steek Address (F) Disc Number is Not Acceptable)     Steek Address (F) Disc Number is Not Acceptable)       Steek Address (F) Disc Number is Not Acceptable)     Steek Address (F) Disc Number is Not Acceptable)     Steek Address (F) Disc Number is Not Acceptable)       Steek Address (F) Disc Number is Not Acceptable)     Dift     Steek Address (F) Disc Number is Not Acceptable)     Dift       Steek Address (F) Disc Number is Not Acceptable)     Dift     Not Address (F) Disc Number is Not Acceptable)     Dift       Steek Address (F) Disc Number is Not Acceptable)     Dift     Not Address (F) Disc Number is Not Acceptable)     Dift       Steek Address (F) Disc Number is Not Addres	1775 S HIGH	HLAND AVE		1775 S HIGHLAND A			· ;				
Only & State     Only & State     Applied	2. Principal F	Place of Business - No P.	O. Box #	3. Mailing Address							
Zip         Sol 1920812         Instruction           Zip         Country         Zip         Country         S. Cartificate of Status Desired         Status Desired         Status Desired         Status Desired         Fee Aquited           SteCit, Brian         7. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         Name         Status Desired         The Address of New Registered Agent           1775 SOD HIGHLAND AVE         Status Desired         Statu	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.		(	01112008 C	hg-NP	CR2E03	7 (12/06)	
	City & Stat	te		City & State		4		2			<u> </u>
SIEGL, BRIAN 1775 SO HIGHLAND AVE CLEARWATER, FL 33756       Site Call       Site Address (P.O. Box Number is Not Acceptable) Into South HightLand AVE CLEARWATER, FL 33756       Site Address (P.O. Box Number is Not Acceptable) Into South HightLand AVE CleARWATER, FL 33756       Site Address (P.O. Box Number is Not Acceptable) Into South HightLand replaced agent.       Site Address (P.O. Box Number is Not Acceptable) Into CleArWATER       Corr CleARWATER       Site Address (P.O. Box Number is Not Acceptable) Into South Into Into South Into Into South Into Into Into Into Into Into Into Into	Zip				Country				I	Fee Require	ditional
CLEARUNCE III     CALL     CALL	1775 SO F	HIGHLAND AVE			Street	<u>BKIAI</u> Address (P.O 15 <u>Sou</u>	Box Number is	Not Acceptat	ole) VE		
TITLE       P       □ Delete       TiTLE       NAME       SELTZER, MICHAEL       NAME         STREFLADDRESS       2235 BREVARD ROAD NE       STREFLADDRESS       STREFLADDRESS       Change       /         TITLE       VP       □ Delete       TiTLE       NAME       Change       /         NAME       HARRIS, EVAN       STREFLADDRESS       STREFLADDRESS       Change       /         TITLE       VP       □ Delete       TiTLE       NAME       Change       /         NAME       HARRIS, EVAN       STREFLADDRESS       STREFLADDRESS       STREFLADDRESS       Change       /         TITLE       VP       □ Delete       TiTLE       NAME       STREFLADDRESS       Change       /         NAME       KOSSOFF, STEVEN       NAME       STREFLADDRESS       Change       /       /         NAME       KOSSOFF, STEVEN       NAME       STREFLADDRESS       Change       /       /         NAME       SCHLIFSTEIN, MICHELE       NAME       STREFLADDRESS       Change       /       /         NAME       SCHLIFSTEIN, MICHELE       NAME       STREFLADDRESS       Change       /       /         NAME       SCHLIFSTEIN, MICHELE       NAME       ST	-		of registered agent and	d ute if appecable. (A	NOTE: Registered Agent sign	escl	en reinstating)		4/17/0 DATE	08	<u> </u>
International and the server of sever points contained in Chapter 119, Florida Statutes. I further centify that the information supplifyed with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further centify that the information supplifyed with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further centify that the information supplifyed with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further centify that the information of the force as florida statutes and that my signature shall have the same legal effect as if made under cash; that 1 am an officer or dire or the receiver or trackee employed as florida statutes.	SIGNATURE	Signature, typed or printed report Filling Fee is \$61.2 Due by May 1, 200	25 08	9. Election ( Trust Fun	Campaign Financing Id Contribution.	esc hature required whe batter and hature required whe hature required whe	5.00 May Be ided to Fees	Fle	orida Depart	ment of S	tate
International and the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information for goes and this report or supplemental/eport is true and accurate and that my signature shalt have the same legal effect as if made under oath; that I am an efficier of dire of dire or d	SIGNATURE 10. TITLE NAME STREET ADDRESS	Signature, typed or print inger Filling Fee is \$61.2 Due by May 1, 200 OFFIC P SELTZER, MICHAEL 2235 BREVARD RO	25 08 CERS AND DIRE	9. Election C Trust Fun CTORS	Campaign Financing Id Contribution. <b>11.</b> TiTLE NAME STREET ADDRESS		5.00 May Be ided to Fees	Fle	orida Depart	ment of S	tate I 10
NAME       SCHLIFSTEIN, MICHELE       NAME         STREET ADDRESS       678 SNUG ISLAND       STREET ADDRESS         CITY-ST-ZIP       CLEARWATER BEACH, FL 33767       CITY-ST-ZIP         TITLE       T       Delete       TITLE         NAME       MIZRAHI, RALPH       Delete       ITTLE         STREET ADDRESS       7011 MANGO AVE S       STREET ADDRESS         CITY-ST-ZIP       SAINT PETERSBURG, FL 33707       CITY-ST-ZIP         TITLE       PE       Delete       TITLE         NAME       ZIMER, MICHAEL       STREET ADDRESS       CITY-ST-ZIP         TITLE       PE       Delete       TITLE         NAME       ZIMER, MICHAEL       STREET ADDRESS       CITY-ST-ZIP         TITLE       PE       Delete       TITLE       Change       A         NAME       ZIMER, MICHAEL       STREET ADDRESS       CITY-ST-ZIP       Change       A         STREET ADDRESS       777 CATTAIL COURT NE       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       -         12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatin dicated on this report or supplemental/Fe	SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.3 Due by May 1, 200 OFFIC P SELTZER, MICHAEL 2235 BREVARD RO, SAINT PETERSBUR VP HARRIS, EVAN 90 STANTON CIRCL	25 08 CERS AND DIRE AD NE IG, FL 33704	9. Election C Trust Fun CTORS	Campaign Financing Ind Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		5.00 May Be ided to Fees	Fle	orida Depart	ment of S	tate 10
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 in Block 10 or Block	SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or print inser- Filling Fee is \$61.2 Due by May 1, 200 OFFIC P SELTZER, MICHAEL 2235 BREVARD RO, SAINT PETERSBUR VP HARRIS, EVAN 90 STANTON CIRCL OLDSMAR, FL 3467 VP KOSSOFF, STEVEN 7738 ARALIA WAY LARGO, FL 33777 S SCHLIFSTEIN, MICH 678 SNUG ISLAND CLEARWATER BEA T MIZRAHI, RALPH 7011 MANGO AVE S	25 08 CERS AND DIRE AD NE 3G, FL 33704 LE 77 HELE CH, FL 33767	9. Election C Trust Fun CTORS	Campaign Financing Id Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.00 May Be ided to Fees	Fle	orida Depart	Change Change Change Change Change	
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