

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000003749

1. Entity Name
ADVANCED ACADEMICS, INC.



Principal Place of Business
**100 EAST CALIFORNIA, SUITE 200
OKLAHOMA CITY, OK 73104**

Mailing Address
**100 EAST CALIFORNIA, SUITE 200
OKLAHOMA CITY, OK 73104**



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1586064

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ELLIOTT, JEFFREY
100 EAST CALIFORNIA STE 200
OKLAHOMA CITY, OK 73104**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
FRICK, JOHN
211 N. ROBINSON 19TH FLOOR
OKLAHOMA CITY, OK 73102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
CAMERON, WILLIAM
7314 LANCET LANE
OKLAHOMA CITY, OK 73120**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JONES, DAVID A
101 SOUTH FIFTH STREET
LOUISVILLE, KY 40202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAGER, JIM
2278 KEEGO HARBOR STREET
HENDERSON, NV 89052**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GAMBILL, KATIE H
1418 CHICKERING ROAD
NASHVILLE, TN 37215**

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05/15/06-80010-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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 director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dale F. Jordan 4/27/06