2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000004207

MCCONNELL, WARREN H

SPRINGFIELD, VA 22152

8533 TUTTLE RD.

Name: Address:

City-St-Zip:

FILED Aug 21, 2007 Secretary of State

Entity Name: ACCOTINK ACADEMY, INC. **Current Principal Place of Business: New Principal Place of Business:** 8519 TUTTLE RD. SPRINGFIELD, VA 22152 **Current Mailing Address: New Mailing Address:** 8519 TUTTLE RD SPRINGFIELD, VA 22152 FEI Number: 54-1028295 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLMES, RUTH A RICE, GAYLE L 1301 RIVÉRPLACE BLVD, SUITE 1500 1301 RIVERPLACE BLVD, SUITE 1500 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 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: GAYLE L. RICE 08/21/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition MCCONNELL, ELAINE Name: Name: 8533 TUTTLE RD. Address: Address: City-St-Zip: SPRINGFIELD, VA 22152 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MCCONNELL, MARK P Name: Address: Address: 8547 TUTTLE RD. SPRINGFIELD, VA 22152 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition MCCONNELL, MATTHEW S Name: Name: 6116 ROLLING ROAD, SUITE 209 Address: Address: City-St-Zip: SPRINGFIELD, VA 22152 City-St-Zip: Title: () Delete Title: () Change () Addition

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MATTHEW S. MCCONNELL S 08/21/2007