

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002262

FILED
Jul 18, 2008
Secretary of State

Entity Name: ACADEMY OF AMERICA (INC.)

Current Principal Place of Business:

20755 GREENFIELD, STE 300
SOUTHFIELD, MI 48075

New Principal Place of Business:

Current Mailing Address:

20755 GREENFIELD, STE 300
SOUTHFIELD, MI 48075

New Mailing Address:

FEI Number: 38-6525613 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:

ALLEN, LECESTER L
7925 WYNDHAM COURT
UNIVERSITY PARK, FL 34201 US

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: PRES () Delete
Name: ALLEN, LECESTER L
Address: 20755 GREENFIELD RD., STE 300
City-St-Zip: SOUTHFIELD, MI 48075

Title: VP () Delete
Name: ALLEN, MATTIE L
Address: 20755 GREENFIELD RD., STE 300
City-St-Zip: SOUTHFIELD, MI 48075

Title: D () Delete
Name: MITCHELL, SONYA
Address: 20755 GREENFIELD RD., STE 300
City-St-Zip: SOUTHFIELD, MI 48075

Title: D () Delete
Name: WALLS, RICHARD
Address: 20755 GREENFIELD RD., STE 300
City-St-Zip: SOUTHFIELD, MI 48075

Title: D () Delete
Name: BROOKS, NATHALIA
Address: 20755 GREENFIELD RD., STE 300
City-St-Zip: SOUTHFIELD, MI

Title: VP () Delete
Name: MCDONNELL, DAVID
Address: 20755 GREENFIELD RD., STE 300
City-St-Zip: SOUTHFIELD, MI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PAUL, BRADLEY
Address: 10201 W. OUTER DRIVE
City-St-Zip: DETROIT, MI 48223

Title: D (X) Change () Addition
Name: CECIL, POE
Address: 20053 ST. MARYS
City-St-Zip: DETROIT, MI 48235

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: MATTIE ALLEN

VP

07/18/2008

Electronic Signature of Signing Officer or Director

Date