

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90400 027 ***150.00

DOCUMENT # K35087 1. Entity Name ART INSTITUTE OF ORLANDO, INC.					
Principal Place of Business C/O THE PRENTICE-ALL CORPORATION SYSTEM 1201 HAYS T TALLAHASSEE, FL 32301 US			Mailing Address C/O EDMC, 210 SIXTH AVE. 33RD FLOOR PITTSBURGH, PA 15222 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 25-1586847	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKERNAN, JOHN R JR.		NAME		
STREET ADDRESS	210 SIXTH AVE 33RD PL		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15222		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'DAY, DANIEL K		NAME		
STREET ADDRESS	210 SIXTH AVE 33RD PL		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15222		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEINBERG, FREDERICK W		NAME	Sec. J. Devitt Kramer	
STREET ADDRESS	210 SIXTH AVE 33RD PL		STREET ADDRESS	210 Sixth Ave. 33rd Fl.	
CITY-ST-ZIP	PITTSBURGH, PA 15222		CITY-ST-ZIP	Pittsburgh PA 15222	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINAHAN, SUSAN		NAME		
STREET ADDRESS	210 SIXTH AVE 33RD PL		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15222		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 an address, with all other like empowered.					
SIGNATURE: <u>Sue Minahan</u> <u>Sue Minahan</u>			Date: <u>4/10/06</u> Daytime Phone #: <u>412-562-0900</u>		