## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # K35087

1. Entity Name

SIGNATURE:

ART INSTITUTE OF ORLANDO, INC.



FILED Apr 12, 2007 8:00 am Secretary of State

04-12-2007 90019 003 \*\*\*150.00

Process Place of Subress  OD THE PRENTICE ALL CORPORATION SYSTEM SIDE TALLAMASSEE, FL 32301 US  Size ADI R is ele  City & State														
1201 HAN'S TREAD Place of Business - No P.O. Box #   3. Mailing Address   4. FEI Number   AEDITION   7. FEI Number   AEDITION   7. Main and Address of Currant Registered Agent   7. Main and Address of Now Registered Agent   7.	Principal Place	e of Busines	s	ing Address						J				
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O3929207   Chg-P   CR2E334 (12/06)	1201 HAYS T				33RD FLOOR				PE18711 8		IRI BIRII BITIK BIT	// <b>818// 8</b> /8// 8/7	MBRI II IBRI	
City & State    City & State   City & State   City & State   City & State   Little   Littl	2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Zip Country Zip Country S. Certificate of Status Desired   \$5.75 Additional Fee Required   \$6. Name and Address of Current Registered Agent   \$1. Name and Address of New Registered Agent   \$1. Name and Address of	Suite, Apt.	#, etc.		Su	Suite, Apt. #, etc.				03292007	Chg-P	CR2E0	34 (12/06)		
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above rigamed entity submits this statement for the purpose of changing its registered agent, or both, in this State of Florida. I am familiar with, and accept the orbigations of registered agent.  8. The above rigamed entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in this State of Florida. I am familiar with, and accept the orbigations of registered agent.  8. The above rigamed entity submits this statement for the purpose of changing its registered Agent agents resolved aren remaining.  8. SIGNATURE:  7. Signature lips of Signature level agent, or both, in this State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in this State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in this State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in this State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in this State of Florida. I am familiar with, and accept the orbigations of registered agent, or both, in this State of Florida. I am familiar with, and accept the orbigation of registered agent, or both, in this State of Florida. I am familiar with, and accept the orbigation of registered agent, or both, in this State of Florida. I am familiar with, and accept the orbigation of registered agent, or both, in this State of Florida.  8. The Above pamed entity support accepts agent age	City & State			City & State									-	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip Country			Zip	Zip Country				5 Certificate of Status Desired \$8.75 Additional					
THE PRENTICE-HALL CORPORATION SYSTEM INC.  1201 HAYS STREET TALLAHASSEE, FL 32301  City FL Zio Code  8. The above pamed entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Ficrida. I am lamifer with, and accept the outposes of registered agent, or both, in the State of Ficrida. I am lamifer with, and accept the outposes of registered agent, or both, in the State of Ficrida. I am lamifer with, and accept the outposes of registered agent, or both, in the State of Ficrida. I am lamifer with, and accept the outposes of registered agent, or both, in the State of Ficrida. I am lamifer with, and accept the outpose of preservance of registered agent.  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:  D OFFICERS AND DIRECTORS 11.  Added to Fees  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  MAKE MAKE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  MAKE MAKE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  MAKE DOT AGE AGAINST AVE 33 AG R.  SIRRET ADDRESS 2.  S		6. Name	and Address of Current	Registe	red Agent				7. Name and	d Address of New	Registered A	Agent		
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	TUE DOEN	ITICE UA	II COPPODATION	eveti	VOTEM INC									
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am lamiliar with, and eccept the obligations of registered agent.  SigNATURE:    Comparison   Compariso	1201 HAYS STREET				TOTEWNO.			Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE   System, liped or pertied name of imposited agent and tile if applicable   (NOTE Registered Agent signature maurises)   DATE											EI	Zip Cod	e	
the obligations of registered agent.  Signature intered or printed name of legislated agent and sile if supkcable. (NOTE Regislated Agent spinature required when revisating)  PILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  10.								rogiator	ad agant or be	th in the State of E		la miliar with	and against	
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Foe will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D MAKE STREET AUDRESS CITY-ST-2P  TITLE  O'DAY, DANIEL K STREET AUDRESS CITY-ST-2P  TITLE  S MAME MINAHAN, SUSAN STREET AUDRESS CITY-ST-2P  TITLE  S MAME MINAHAN, SUSAN STREET AUDRESS CITY-ST-2P  Debete  TITLE  MAME STREET AUDRESS CITY-ST-2P  Debete  TITLE  MAME STREET AUDRESS CITY-ST-2P  CITY-ST-2P  Debete  TITLE  MAME STREET AUDRESS CITY-ST-2P  CITY-ST-2P  Debete  TITLE  MAME STREET AUDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  Debete  TITLE  MAME STREET AUDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  TITLE  MAME STREET AUDRESS CITY-ST-2P  CITY-ST-2P  Debete  TITLE  MAME STREET AUDRESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  TITLE  MAME STREET AUDRESS CITY-ST-2P  CI	the obligations of registered agent.													
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Lue Minahan SVE Minahan Asst. Sec., Signature and typed or printed name of signing officer or director