

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90213 002 ***158.75

DOCUMENT # K38559

1. Entity Name
ACADEMY OF REAL ESTATE EDUCATION, INC.



Principal Place of Business

13611 MCGREGOR BLVD.
SUITE #7
FORT MYERS, FL 33919 US

Mailing Address

13611 MCGREGOR BLVD.
SUITE #7
FORT MYERS, FL 33919 US

50016949



2. Principal Place of Business

1342 Colonial Blvd

3. Mailing Address

1342 Colonial Blvd

Suite, Apt. #, etc.

F-44

Suite, Apt. #, etc.

F-44

City & State

Fort Myers, FL

City & State

Fort Myers FL

Zip

33907

Country

Lee

Zip

33907

Country

Lee

02162006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0081923

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CONTI, AUDREY M
130 S.W. 33RD AVENUE
P.O. BOX 101506
CAPE CORAL, FL 33910

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

(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. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PTS	<input type="checkbox"/> Delete
NAME	CONTI, AUDREY M	
STREET ADDRESS	130 S.W. 33RD AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE	CD	<input type="checkbox"/> Delete
NAME	CONTI, AUDREY M	
STREET ADDRESS	130 S.W. 33RD AVENUE	
CITY-ST-ZIP	CAPE CORAL, FL 33991	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Audrey M. Conti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 (239) 433-4200
Date Daytime Phone #