

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K74320

FILED
Mar 22, 2005
Secretary of State

Entity Name: SUCCESSFUL ACADEMICS INCORPORATED

Current Principal Place of Business:

% DR. CLYDE MEYER
1857 PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

%MELINDA SUE MEYER
1857 PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

Current Mailing Address:

% DR. CLYDE MEYER
1857 PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

New Mailing Address:

%MELINDA SUE MEYER
1857 PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

FEI Number: 65-0114725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, CLYDE (DR)
1857 PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

MEYER, MELINDA SUE
1857 PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952 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: MELINDA SUE MEYER

03/22/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEYER, CLYDE (DR),
Address: 1857 PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL

Title: VSD (X) Delete
Name: MEYER, MELINDA SUE,
Address: 1857 PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEYER, MELINDA SUE,
Address: 1857 PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: MELINDA SUE MEYER

PD

03/22/2005

Electronic Signature of Signing Officer or Director

Date