


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90042 046 ****61.25

DOCUMENT # N00000004421		
1. Entity Name HALE ACADEMY, INC.		

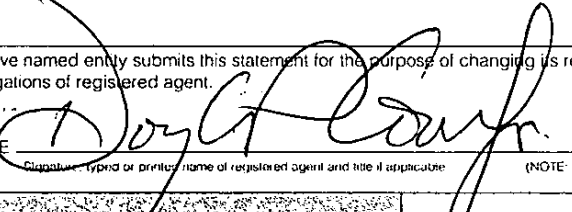
Principal Place of Business 3443 SW 20 ST OCALA FL 34474	Mailing Address 3443 SW 20 ST OCALA FL 34474
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3664852		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CONE, DOUGLAS P JR. 500 NW 27TH AVE. OCALA FL 34475	
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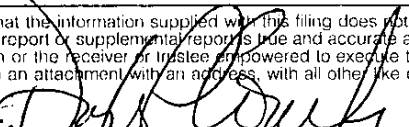
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	Douglas P. Cone, Jr. 2/7/06 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW - FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	T	<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CONE, DOUGLAS P JR.			NAME	Randall Ewers		
STREET ADDRESS	500 NW 27TH AVE.			STREET ADDRESS	2308 SE 13th Street		
CITY-ST-ZIP	OCALA FL 34475			CITY-ST-ZIP	Ocala, FL 34471		
TITLE	T	<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOYD, THAD			NAME	Thomas L. Croley, MD		
STREET ADDRESS	1700 SE 17TH STREET			STREET ADDRESS	3220 SW 17th Avenue		
CITY-ST-ZIP	OCALA FL 34471			CITY-ST-ZIP	Ocala, FL 34474		
TITLE	T	<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	VERO, FRANK			NAME	Nicolas Blaser		
STREET ADDRESS	6051 SW 18TH COURT RD			STREET ADDRESS	6020 NW 2nd Avenue		
CITY-ST-ZIP	OCALA FL 34474			CITY-ST-ZIP	Ocala, FL 34475		
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TREXLER, DIANE			NAME	Carmen Murvin		
STREET ADDRESS	10179 S MAGNOLIA AVE			STREET ADDRESS	2230 SE 6th Terrace		
CITY-ST-ZIP	OCALA FL 34476			CITY-ST-ZIP	Ocala, FL 34471		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, MIKE			NAME			
STREET ADDRESS	2390 LAUREL RUN DR			STREET ADDRESS			
CITY-ST-ZIP	OCALA FL 34471			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 Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 617, 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.	
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SIGNATURE: 	Douglas P. Cone, Jr. Chairman, Trustees, 2/7/06
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