


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

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90013 045 ****61.25

DOCUMENT # N01000002013	
1. Entity Name STARCOAST-A DISTANCE LEARNING ACADEMY, INC.	

Principal Place of Business 4907 CORAL BLVD BRADENTON FL 34210	Mailing Address 4907 CORAL BLVD BRADENTON FL 34210
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2. Principal Place of Business 1215 Doris Dr. Suite, Apt. #, etc.	3. Mailing Address 1215 Doris Dr. Suite, Apt. #, etc.
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City & State Sarasota FL	City & State Sarasota FL
Zip 34243	Zip 34243
Country Sarasota	Country Sarasota

4. FEI Number NO-T APPLICABLE	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 NOLTE, MARLENE 4907 CORAL BLVD BRADENTON FL 34210

7. Name and Address of New Registered Agent Name: Marlene Nolte Street Address (P.O. Box Number is Not Acceptable): 1215 Doris Dr. City: Sarasota FL Zip Code: 34243
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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 Marlene Nolte DATE 3-13-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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 CD NAME BRINK, SANTA STREET ADDRESS STARCOAST ACADEMY 2131 LONGLEAF CITY-ST-ZIP FT WAYNE IN 46814	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VCD NAME JETT, TOM STREET ADDRESS 1215 DORIS DR CITY-ST-ZIP SARASOTA FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VCD NAME JETT, SALLY STREET ADDRESS 1215 DORIS DR CITY-ST-ZIP SARASOTA FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BARKER, JAY STREET ADDRESS 37 WOODLAND DR CITY-ST-ZIP BIG FLATS NY 14814	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME ROSS, PAT STREET ADDRESS 7218-38TH CT E CITY-ST-ZIP SARASOTA FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE BMD NAME WAKEFIELD, KATHERINE STREET ADDRESS 7488 BLAINÉ WAY CITY-ST-ZIP SARASOTA FL 34231	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 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.

Marlene Nolte, Director