2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01000002176

1. Entity Name



Apr 25, 2007 8:00 am Secretary of State

FILED

S.S. DIXO TEACHE	ON INTERMEDIATE SCHO R, STUDENT ORGANIZAT	OOL PARENT, FION, INC.				04-23-2007	J01J0 01	01	
5440 EDUCATION DRIVE 544		Mailing Address 5440 EDUCATION DI PACE, FL 32571	40 EDUCATION DRIVE			si ired 88m sem ser	n Ram Bama kas	i litr i sets sin	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04232007	Chg-NP	CR2E037	(12/06)	
City & State		City & State	City & State		4. FEI Number 59-37337	67			plied For t Applicable
Zip	Country	Zip	Coi	untry	5. Certificate of	Status Desired		8.75 Add se Required	
	6. Name and Address of Currer	nt Registered Agent			7. Name and Ad	dress of New R	legistered Ag	ent	
DEBBY 6	ATUV			Name					ĺ
PERRY, C. 5461 STAF PACE, FL	FFORD CIR		Street Add		ess (P.O. Box Number is	s Not Acceptable	e)		
				City			FL	Zip Code	e
8. The above	named entity submits this statement tions of registered agent.	for the purpose of changing	its register	ed office or reg	gistered agent, or both, i	n the State of Flo		niliar with,	and accept
and oblingar	tone or registeres agont.								
SIGNATURE .	Signature, typed or printed name of registered age	ont and talle if applicable. (N	OTE: Registere	ed Agent argnisture rec	equired when reinstating)		DATE		
SIGNATURE .	Signature, typed or printed name of registered age Filling Fee Is \$61.25 Due by May 1, 2007	9. Election C		inancing _	\$5.00 May Be Added to Fees	,	DATE lake check p	-	
SIGNATURE .	Filing Fee is \$61.25	9. Election (Trust Fun	ampaign f	inancing tion.	\$5.00 May Be Added to Fees	Flor	lake check j	ent of St	ate
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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 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.

SIGNATURE:

8503246624