

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002363

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: ACADEMIC SUCCESS, INC.

## Current Principal Place of Business:

5200 NW 43RD ST  
STE 102-383  
GAINESVILLE, FL 32606

## New Principal Place of Business:

## Current Mailing Address:

5200 NW 43RD ST  
STE 102-383  
GAINESVILLE, FL 32606

## New Mailing Address:

FEI Number: 59-3708708

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIBBONS, PATRICK G  
4232 NW 75TH ST  
GAINESVILLE, FL 32653 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GIBBONS, PATRICK G  
Address: 4232 N.W. 75TH STREET  
City-St-Zip: GAINESVILLE, FL 32653

Title: SD ( ) Delete  
Name: ENGLISH, ARLENE  
Address: 4459 N.W. 216TH LANE  
City-St-Zip: MICANOPY, FL 32667

Title: C ( ) Delete  
Name: ACHTERHOF, JAMES  
Address: 3909 WILCOXSON DRIVE  
City-St-Zip: FAIRFAX, VA 22031

Title: D ( ) Delete  
Name: QUINONES, CAROLYN S  
Address: 4018 NW 22 DRIVE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D ( ) Delete  
Name: CURRY, MICHAEL C CPA  
Address: 3000 NW 83RD ST  
City-St-Zip: GAINESVILLE, FL 32606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK G. GIBBONS

PAPD

04/28/2006

Electronic Signature of Signing Officer or Director

Date