2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N01000002363

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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 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 DIR 05/01/2007
Electronic Signature of Signing Officer or Director — Date