

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002363

FILED
Apr 10, 2009
Secretary of State

Entity Name: ACADEMIC SUCCESS, INC.

Current Principal Place of Business:

3205 NW 83RD ST STE 711
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)

Name and Address of Current Registered Agent:

ENGLISH, ARLENE
4459 NW 216 LANE
MICANOPY, FL 32667 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: ED () Delete
Name: ENGLISH, ARLENE
Address: 4459 NW 216 LANE
City-St-Zip: MICANOPY, FL 32667

Title: PBOD () Delete
Name: KOSSMAN, DANIEL
Address: 4459 N.W. 216TH LANE
City-St-Zip: MICANOPY, FL 32667

Title: MBOD () Delete
Name: KELSEN, WILLIAM E
Address: 1601 WILLOW RUN
City-St-Zip: SEBRING, FL 33872

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PBOD (X) Change () Addition
Name: KOSSMAN, DANIEL
Address: 450 E. WATERSIDE DRIVE #310
City-St-Zip: CHICAGO, IL 60601

Title: MBOD (X) Change () Addition
Name: KELSEY, WILLIAM E
Address: 1601 WILLOW RUN
City-St-Zip: SEBRING, FL 33872

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: ARLENE ENGLISH

ED

04/10/2009

Electronic Signature of Signing Officer or Director

Date