2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2010
Secretary of State

DOCUMENT# N01000003417

Entity Name: ACADEMIC ALTERNATIVE EDUCATION, INC.

Current Principal Place of Business:

23114 SANDALFOOT PLAZA DR.
BOCA RATON, FL 33428

New Principal Place of Business:

Current Mailing Address:

23114 SANDALFOOT PLAZA DR.
BOCA RATON, FL 33428

New Mailing Address:

FEI Number: 06-1619630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KLASFELD, SHELDON
23114 SANDALFOOT PLAZA DR.
BOCA RATON, FL 33428 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: D
Name: KLASFELD, SHELDON
Address: 23114 SANDALFOOT PLAZA DR.
City-St-Zip: BOCA RATON, FL 33428

Title: D
Name: KLASFELD, NATHANIEL
Address: 23114 SANDALFOOT PLAZA DR.
City-St-Zip: BOCA RATON, FL 33428

Title: D
Name: KLASFELD, SHEANA
Address: 23114 SANDALFOOT PLAZA DR.
City-St-Zip: BOCA RATON, FL 33428

Title: VP
Name: KUHN, DOROTHY
Address: 25 LEE RD EXT
City-St-Zip: ROCHESTER, NY 14606

Title: S
Name: GOLD, TOBI
Address: 206 FARM ST
City-St-Zip: BELLINGHAM, MA 02019

Title: T
Name: SOLOMON, SHIRLEY
Address: 11670 QUAIL VILLAGE WAY
City-St-Zip: NAPLES, FL 34119

I hereby 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 all other like empowered.

SIGNATURE: SHELDON KLASSY KLASFELD PRIN 02/10/2010

Electronic Signature of Signing Officer or Director — Date