2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006670

FILED Feb 21, 2005 Secretary of State

Entity Na	me: ACADEM	IY OF SCOTTISH ARTS, INC.			
Current P	rincipal Place	of Business:	New Principal Plac	New Principal Place of Business:	
2030 BISPHAM ROAD SUITE 2 SARASOTA, FL 34231				2030 BISPHAM ROAD SARASOTA, FL 34231	
	•				
Current M	lailing Addres	ss:	New Mailing Addre	New Mailing Address:	
	PHAM ROAD ΓA, FL 34231				
FEI Number	: 65-1144585	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	Current Registered Agent:	Name and Address	s of New Registered Agent:	
WIEGAND, TERESA 2030 BISPHAM ROAD SARASOTA, FL 34233 US			5309 ASHŤON MAN	WIEGAND, TERESA 5309 ASHTON MANOR DRIVE SARASOTA, FL 34233 US	
	e named entity : e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATURE:				02/21/2005	
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () WIEGAND, TEF 5309 ASHTON SARASOTA, FL	MANOR DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () WIEGAND, GR 6408 TANAGEF SARASOTA, FL	RSTREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () MACDONALD, 2937 WEBBER SARASOTA, FL	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () MACDONALD, 2937 WEBBER SARASOTA, FL	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TERESA R WIEGAND PD 02/21/2005