

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01228

FILED
Apr 26, 2005
Secretary of State

Entity Name: ALUMNI ACHIEVEMENT AWARDS, INC.

Current Principal Place of Business:

299 KINSER PARK LANE
GREENEVILLE, TN 37743 US

New Principal Place of Business:

Current Mailing Address:

299 KINSER PARK LANE
GREENEVILLE, TN 37743 US

New Mailing Address:

FEI Number: 59-2413171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEIGH, RICHARD A
1031 WEST MORSE BLVD. STE 350
WINTER PARK, FL 32789 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: SADLER, PAMELA L
Address: 299 KINSER PARK LANE
City-St-Zip: GREENEVILLE, TN 37743 US

Title: T () Delete
Name: SUMMEROUR, BOB MD
Address: 5173 HALLWOOD DRIVE
City-St-Zip: RIVERSIDE, CA 92506

Title: T () Delete
Name: DEFOOR, BYRON
Address: 9412 STANDIFER GAP ROAD
City-St-Zip: OOLTEWAH, TN 37363

Title: T () Delete
Name: SADLER, BROOKE T
Address: 295 KINSER PARK LAKE
City-St-Zip: GREENEVILLE, TN 37743

Title: T () Delete
Name: WILT, GARY
Address: 8822 APISON PIKE
City-St-Zip: OOLTEWAH, TN 37363

Title: C () Delete
Name: TWOMLEY, DALE
Address: 25200 MILLWOOD ROAD
City-St-Zip: HOWARD, OH 43028

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:

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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: PAMELA L. SADLER, EXECUTIVE DIRECTOR

MS

04/26/2005

Electronic Signature of Signing Officer or Director

Date