2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004
Secretary of State

DOCUMENT# N02000006185

Entity Name: SCHOOL OF ACADEMICS, INC.

Current Principal Place of Business:

8173 IMPERIAL DRIVE
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

8173 IMPERIAL DRIVE
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 11-3648689 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, CONNIE L
8173 IMPERIAL DRIVE
PENSACOLA, FL 32506 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 ( ) Delete
Name: WILLIAMS, CONNIE L
Address: 8173 IMPERIAL DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: WILLIAMS, STEVE E
Address: 8173 IMPERIAL DRIVE
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: BLOODWORTH, SANDRA P
Address: 9421 DARLENE CIRCLE
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete
Name: WOOD, MARCIA J
Address: 7341 SACHEM WOOD
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: KESSLER, DONNA
Address: P.O. BOX 1907
City-St-Zip: TEMECULA, CA 92593

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 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: CONNIE L WILLIAMS D 01/23/2004

Electronic Signature of Signing Officer or Director — Date