2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N02000008072

Entity Name: FLORIDA SCHOOL FOR INTEGRATED ACADEMICS AND TECHNOLOGIES GAINESVILLE, INC.

Current Principal Place of Business:

5301 NE 40TH TERRACE
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

217 ESCONDIDO AVENUE #7
VISTA, CA 920846170

New Mailing Address:

FEI Number: 47-0897469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 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: MS ( ) Delete
Name: LAWSON, ALENA PRES
Address: P.O. BOX 1032
City-St-Zip: GAINESVILLE, FL 32607 US

Title: MR ( ) Delete
Name: JONES, TONY DIR
Address: P. O. BOX 1250
City-St-Zip: GAINESVILLE, FL 32602 US

Title: MR ( ) Delete
Name: WYKOFF, PAUL DIR
Address: 5301 NW 40TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609 US

Title: MS ( ) Delete
Name: WILLIAMS, ROSA B DIR
Address: 1621 NE WALDO ROAD
City-St-Zip: GAINESVILLE, FL 32609 US

Title: MR ( ) Delete
Name: ZAGAISKI, GERALD VP
Address: 2400 SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MS ( ) Delete
Name: MILLER, LIN DIR
Address: 217 ESCONDIDO AVENUE, SUITE 7
City-St-Zip: VISTA, CA 92084 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MR (X) Change ( ) Addition
Name: JONES, TONY SEC
Address: P. O. BOX 1250
City-St-Zip: GAINESVILLE, FL 32602 US

Title: MR (X) Change ( ) Addition
Name: MC COY, EDWIN
Address: 5301 NW 40TH TERRACE
City-St-Zip: GAINESVILLE, FL 32609 US

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 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: LIN MILLER DIR 04/27/2007

Electronic Signature of Signing Officer or Director — Date