

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009500

FILED
Feb 21, 2006
Secretary of State

Entity Name: ACADEMIES OF EXCELLENCE, INC.

Current Principal Place of Business:

425 N. CLYDE MORRIS BLVD.
SUITE A
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

425 N. CLYDE MORRIS BLVD.
SUITE A
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 13-4227194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, DOUGLAS K
425 N. CLYDE MORRIS BLVD.
SUITE A
DAYTONA BEACH, FL 32114 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: JACKSON, DOUGLAS K
Address: 425 N. CLYDE MORRIS BLVD., SUITE A
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: WATERMAN, STEPHEN
Address: 425 N. CLYDE MORRIS BLVD., SUITE A
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: FRANCISCO, FRANK B
Address: 425 N. CLYDE MORRIS BLVD., SUITE A
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D (X) Delete
Name: FERGUSON, ANNE
Address: 425 N. CLYDE MORRIS BLVD., SUITE A
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: COMMARDO, PEGGY
Address: 425 N. CLYDE MORRIS BLVD., SUITE A
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: HOUGHAM, POLLIDIA
Address: 425 N. CLYDE MORRIS BLVD., SUITE A
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MILBY, ROBERT
Address: 425 N. CLYDE MORRIS BLVD., SUITE A
City-St-Zip: DAYTONA BEACH, FL 32114

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 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: DOUGLAS K. JACKSON

D

02/21/2006

Electronic Signature of Signing Officer or Director

Date