

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009500

FILED
Feb 26, 2009
Secretary of State

Entity Name: ACADEMIES OF EXCELLENCE, INC.

Current Principal Place of Business:

303 WEST MOODY BLVD.
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 731199
ORMOND BEACH, FL 32173

New Mailing Address:

340 N. BOSTON AVE.
DELAND, FL 32724

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
303 WEST MOODY BLVD.
BUNNELL, FL 32110 US

Name and Address of New Registered Agent:

JACKSON, DOUGLAS K
340 N. BOSTON AVE.
DELAND, FL 32724 US

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:

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JACKSON, DOUGLAS K
Address: P.O. BOX 731199
City-St-Zip: ORMOND BEACH, FL 32746

Title: D () Delete
Name: MORALES, ROSIE
Address: P.O. BOX 731199
City-St-Zip: ORMOND BEACH, FL 32746

Title: D () Delete
Name: FRANCISCO, FRANK
Address: P.O. BOX 731199
City-St-Zip: ORMOND BEACH, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JACKSON, DOUGLAS K
Address: 340 N. BOSTON AVE.
City-St-Zip: DELAND, FL 32724

Title: D (X) Change () Addition
Name: RICHTER, SEAN
Address: 340 N. BOSTON AVE.
City-St-Zip: DELAND, FL 32724

Title: D (X) Change () Addition
Name: TOWERY, PHILLIP
Address: 340 N. BOSTON AVE.
City-St-Zip: DELAND, FL 32724

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: DOUGLAS JACKSON

CEO

02/26/2009

Electronic Signature of Signing Officer or Director

Date