## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000009511

FILED Jan 18, 2006 Secretary of State

Entity Name: ACADEMY FOR INTERNATIONAL STUDIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 757 LIGHTHOUSE DR. NORTH PALM BEACH, FL 33408 **Current Mailing Address: New Mailing Address:** 309 LAKE AVENUE LAKE WORTH, FL 33460 FEI Number: 65-1168977 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIS, KEITH W ESQ. 309 LAKE AVE. LAKE WORTH, FL 33460 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DAVIS, KEITH W ESQ. Name: Name: 905 EVERGREEN DRIVE Address: Address: City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: Title: VC () Delete Title: VC (X) Change ( ) Addition FERRIS, MICHAEL G Name: CAMILLI, TINA G Name: Address: 11402 DOLPHIN LANE Address: 5255 TRAVELERS WAY City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: PALM BEACH GARDENS, FL 33418 Title: () Delete Title: () Change () Addition HAIRE, MICHELE Name: Name: 5315 RIDAN WAY Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: HACKETT, JAMES Name: FERRIS, MICHAEL G 517 CYPRESS COURT Address: Address: 11402 DOLPHIN LANE City-St-Zip: TEQUESTA, FL 33469 City-St-Zip: NORTH PALM BEACH, FL 33408 Title: () Delete Title: (X) Change ( ) Addition BRINK, DAMIAN A BRINK, DAMIAN A Name: Name: 1551 FORUM PLACE #100A 1551 FORUM PLACE #100A Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33401 Title: (X) Delete Title: () Change () Addition CAMILLI, TINA Name: Name: Address: 5255 TRAVELERS WAY Address: PALM BEACH GARDENS, FL 33418 City-St-Zip: 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: KEITH W. DAVIS, ESQ. C 01/18/2006