2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Feb 28, 2005 8:00 am **Secretary of State** DOCUMENT # N03000001398 02-28-2005 90223 005 ****61.25 WORKFORCE ADVANTAGE ACADEMY, INC. Principal Place of Business Mailing Address 200 S. ORANGE AVE. 2113 E. SOUTH ST. 50020046 ORLANDO, FL 32803 STE 2300 ORLANDO, FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262005 Chg-NP CR2E037 (10/03) 4. FEI Number 80-0058758 City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent A.G.C. CO. 200 S ORANGE AVE, STE 2300 Street Address (P.O. Box Number is Not Acceptable) SUNTRUST CENTER ORLANDO, FL 32801 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATŪRE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change TITLE **■** Delete TITLE Addition ACKLEY, TIMOTHY NAME STREET ADDRESS 2939 DAWLEY AVE. STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32806 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition BLOMELEY, STEVEN NAME NAME STREET ADDRESS 1760 LOOKOUT LANDING STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-7IP 32801 TITLE TITLE Delete ☐ Change Addition NAME PEDERSEN, STACY NAME STREET ADDRESS 4411 WILLOW SHADE CT STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32835 CITY-ST-7IP DVC ☐ Delete TITLE ☐ Change Addition TITLE THOMAS, EDWARD JR. NAME STREET ADDRESS 500 S. ORANGE AVE. STREET ADDRESS do, FL 32806 CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-7IP TITLE DT ☐ Delete TITLE Change Addition CLAMP, SARAH NAME NAME STREET ADDRESS 390 N. ORANGE AVE STE 1700 STREET ADDRESS CITY-ST-ZIP .CITY-ST-7IP ... ORLANDO, FL 32801 DS ☐ Change TITLE ☐ Delete TITLE NAME BURDEN, ALICE NAME STREET ADDRESS 1611 S. SUMMERLIN AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32806 O Rhunda

12. Thereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered

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