2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State
02-26-2007 90074 019 ****61.25

DOCUMENT # N03000001398

1. Entity Name

WORKFORCE ADVANTAGE ACADEMY, INC.

Principal Place of Business	Mailing Address
2113 E. SOUTH ST. ORLANDO FL 32803	200 S. ORANGE AVE. STE 2300 ORLANDO FL 32804

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 80-0058758 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 SUNTRUST CENTER ORLANDO FL 32801	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 **Due By May 1, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ, HECTOR 200 S. ORANGE AVE STE 2300 ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Burden, David	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOMELEY, STEVEN 1760 LOOKOUT LANDING WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Wermert, Mike 201 E. Pine St, Suite 801 Orlando, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DC~~ D PEDERSEN, STACY 4411 WILLOW SHADE CT ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC Hughes, Elizabeth Orlando, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVC~~ DC THOMAS, EDWARD JR. 500 S. ORANGE AVE. ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Hicks, Denise 2115 S. Conway Rd #1903 Orlando, FL 32812	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CLAMP, SARAH 390 N. ORANGE AVE STE 1700 ORLANDO FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Barr, Peter 600 E. Washington St Orlando, FL 32801	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BURDEN, ALICE 1611 S. SUMMERLIN AVE ORLANDO FL 32806	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Collins, Andrew 5750 Major Blvd Ste 400 Orlando, FL 32819	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: Kenneth E. Hartsaw, Jr. Ex.Dir. 2-12-07 407-898-7228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #