

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Feb 12, 2007**  
**Secretary of State**

DOCUMENT# N03000007179

**Entity Name:** FLORIDA SCIENCE OLYMPIAD, INCORPORATED**Current Principal Place of Business:**6491 DAYS BROOK DRIVE  
UNIT 102  
ORLANDO, FL 32835**New Principal Place of Business:**4000 CENTRAL FLORIDA BLVD  
BLDG 53 CREOL  
ORLANDO, FL 32816**Current Mailing Address:**6491 DAYS BROOK DRIVE  
UNIT 102  
ORLANDO, FL 32835**New Mailing Address:**4000 CENTRAL FLORIDA BLVD  
BLDG 53 CREOL C/O MIKE MCKEE  
ORLANDO, FL 32816**FEI Number:** 20-0167278**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHARP, LARA L MS.  
6491 DAYS BROOK DRIVE  
UNIT 102  
ORLANDO, FL 32835 US**Name and Address of New Registered Agent:**MCKEE, MIKE  
825 SOUTH BUMBY AVE  
ORLANDO, FL 32803 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: MIKE MCKEE

02/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** P ( ) Delete  
**Name:** SHARP, LARA  
**Address:** 6491 DAYS BROOK DRIVE  
**City-St-Zip:** ORLANDO, FL 32835**Title:** VP ( ) Delete  
**Name:** MCKEE, MIKE  
**Address:** 825 SOUTH BUMBY AVE.  
**City-St-Zip:** ORLANDO, FL 32803**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** MCKEE, MIKE  
**Address:** 825 SOUTH BUMBY AVE  
**City-St-Zip:** ORLANDO, FL 32803**Title:** VP (X) Change ( ) Addition  
**Name:** GILLEY, JASON  
**Address:** 5951 BROWN BARK DR  
**City-St-Zip:** ORLANDO, FL 32822**Title:** S/T ( ) Change (X) Addition  
**Name:** GOTTESMAN, VIVIAN  
**Address:** 10022 MEDALLION BLUFF LANE  
**City-St-Zip:** ORLANDO, FL 32829

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: VIVIAN GOTTESMAN

S/T

02/12/2007

Electronic Signature of Signing Officer or Director

Date