2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# N04000000767

Entity Name: ORLANDO WEST ACADEMY INC.

Current Principal Place of Business:

6101 DENSON DRIVE
ORANDO, FL 32805 US

New Principal Place of Business:

Current Mailing Address:

6101 DENSON DRIVE
ORANDO, FL 32805 US

New Mailing Address:

FEI Number: 51-0494812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKS, R. KEITH
8456 LAINIE LN
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: HICKS, R. KEITH SR
Address: 8456 LAINIE LN
City-St-Zip: ORLANDO, FL 32818 US

Title: S ( ) Delete
Name: THOMAS, TANGULA S
Address: 5229 CHAMPAGNE CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: T ( ) Delete
Name: KING, ROSE M
Address: 5375 CHAMPAGEN CIRCLE
City-St-Zip: ORLANDO, FL 32808 US

Title: D ( ) Delete
Name: THOMAS, GREGORY
Address: 4442 SCENIC LAKE DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: D (X) Delete
Name: BUSH, ANNITA D
Address: 6005 POWDER POST DR
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: R. KEITH HICKS P 04/10/2006

Electronic Signature of Signing Officer or Director — Date