2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001352

FILED Mar 28, 2005 Secretary of State

Entity Name: FLORIDA SCHOOL FOR INTEGRATED ACADEMICS AND TECHNOLOGIES MIAMI-DADE, INC.

Current Principal Place of Business: New Principal Place of Business: 217 ESCONDIDO AVE #7 VISTA, CA 92084 **Current Mailing Address: New Mailing Address:** 217 ESCONDIDO AVE #7 VISTA, CA 92084 FEI Number: 20-0716602 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: F&L CORP ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202 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 (X) Addition DAWSON, LINDA C PRES Name: Name: Address: Address: 217 ESCONDIDO AVENUE, SUITE 7 VISTA, CA 92084 US City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: Name: TELESFORD, TSCHERINA VP Address: Address: 12350 SW 285TH STREET City-St-Zip: City-St-Zip: HOMESTEAD, FL 33033 US Title: () Delete Title: () Change (X) Addition ORTEGA, MYRA I SEC Name: Name: 9190 BISCAYNE BLVD., SUITE 202 Address: Address: City-St-Zip: City-St-Zip: MIAMI SHORES, FL 33138 US Title: () Delete Title: MR () Change (X) Addition Name: Name: JENKINS, DAVID W TREAS 217 ESCONDIDO AVENUE, SUITE 7 Address: Address: City-St-Zip: City-St-Zip: VISTA, CA 92084 US Title: () Delete Title: () Change (X) Addition DIAZ, VERONICA DIR Name: Name: 3050 NW 183RD STREET Address: Address: City-St-Zip: City-St-Zip: MIAMI GARDENS, FL 33056 US Title: () Delete Title: () Change (X) Addition COOPER, ROSHANDA D Name: Name: Address: Address: 3050 NW 183RD STREET MIAMI GARDENS, FL 33056 US 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 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 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: DAVID W JENKINS TREA 03/28/2005