2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002195

FILED Jan 25, 2007 Secretary of State

Entity Name: BERKLEY ACCELERATED MIDDLE SCHOOL, INC.

Current Principal Place of Business: New Principal Place of Business: 5316 BERKLEY ROAD AUBURNDALE, FL 33823 **Current Mailing Address: New Mailing Address:** 5316 BERKLEY ROAD AUBURNDALE, FL 33823 FEI Number: 45-0536309 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: BOLENDER, JILL J 105 WEST JULIANA WAY US AUBURNDALE, FL 33823 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 () Addition BRAUCKMULLER, CHRIS Name: Name: PO BOX 3669 Address: Address: City-St-Zip: WINTER HAVEN, FL 33885 City-St-Zip: Title: Title: (X) Change () Addition () Delete MCCURDY, PAULA D Name: Name: CLARK-JOHNSON, JENNIFER D Address: 4009 CAREY COURT Address: 118 SHADDOCK DRIVE City-St-Zip: AUBURDALE, FL 33823 City-St-Zip: AUBURDALE, FL 33823 Title: () Delete Title: () Change () Addition THOMPSON, CHRIS Name: Name: 667 OLD BERKLEY ROAD Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: () Delete Title: () Change () Addition Name: YOUNG, DENNIS W Name: Address: 254 LAKE TENNESSEE DRIVE Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: () Delete Title: () Change () Addition VANDERPOOL, WILLIAM M JR. Name: Name: 4898 LAKE JULIANA RESERVE Address: Address: City-St-Zip: AUBURNDALE, FL 33823 City-St-Zip: Title: () Delete Title: () Change () Addition BOLENDER, JILL J Name: Name: Address: 105 WEST JULIANA WAY Address: AUBURNDALE, FL 33823 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 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: JILL BOLENDER P 01/25/2007