

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005627

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: ALTERNATIVE EDUCATIONAL SERVICES, INC.

## Current Principal Place of Business:

34325 BLACK BASS CIRCLE  
FRUITLAND PARK, FL 34731

## New Principal Place of Business:

17521 US HWY 441  
SUITE 9  
MOUNT DORA, FL 32757 67

## Current Mailing Address:

34325 BLACK BASS CIRCLE  
FRUITLAND PARK, FL 34731

## New Mailing Address:

PO BOX 396  
EUSTIS, FL 32727

FEI Number: 51-0521515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STANLEY, SUSAN K  
34325 BLACK BASS CIRCLE  
FRUITLAND PARK, FL 34731 US

## Name and Address of New Registered Agent:

STANLEY, SUSAN K  
PO BOX 396  
EUSTIS, FL 32727 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: SUSAN K. STANLEY

01/13/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: STANLEY, SUSAN K  
Address: 34325 BLACK BASS CIRCLE  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: VP ( ) Delete  
Name: STANLEY, DONALD P  
Address: 34325 BLACK BASS CIRCLE  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: SEC ( ) Delete  
Name: COX, CAROLYN  
Address: 3551 E. ORANGE AVE.  
City-St-Zip: EUSTIS, FL 32736

Title: TREA ( ) Delete  
Name: HAYMANS, LINDA  
Address: 3551 E. ORANGE AVE.  
City-St-Zip: EUSTIS, FL 32736

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change ( ) Addition  
Name: ALBERTSON, SHANNON  
Address: 17521 US HWY 441 SUITE 9  
City-St-Zip: MOUNT DORA, FL 32757

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: SUSAN K. STANLEY

P

01/13/2006

Electronic Signature of Signing Officer or Director

Date