

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90179 044 \*\*\*\*61.25

<b>DOCUMENT # N04000008235</b> 1. Entity Name <b>AMERICAN ACADEMY OF WISDOM, INC.</b>			
Principal Place of Business <b>2118 RED LEAF DR BRANDON, FL 33510</b>		Mailing Address <b>2118 RED LEAF DR BRANDON, FL 33510</b>	
2. Principal Place of Business <b>3636 RYANS LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>3636 RYANS LANE</b> Suite, Apt. #, etc.	
City & State <b>ZEPHYRHILLS FL</b> Zip <b>33541</b> Country		City & State <b>ZEPHYRHILLS FL</b> Zip <b>33541</b> Country	
4. FEI Number <b>51-0520851</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SMITH, ROBERT A. 2118 RED LEAF DRIVE BRANDON, FL 33510</b>		7. Name and Address of New Registered Agent Name <b>ROBERT A SMITH</b> Street Address (P.O. Box Number is Not Acceptable) <b>3636 RYANS LANE</b> City <b>ZEPHYRHILLS</b> <b>FL</b> Zip Code <b>33541</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <u><i>Robert A. Smith</i></u> <span style="float: right;">4/29/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SMITH, ROBERT A 2118 RED LEAF DR BRANDON, FL 33510	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SMITH, MARIA N 2118 RED LEAF DR BRANDON, FL 33510	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, NATHAN 2118 RED LEAF DR BRANDON, FL 33510	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANJA, JOSEPH 2118 RED LEAF DR BRANDON, FL 33510	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3636 RYANS LANE ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3636 RYANS LANE ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3636 RYANS LANE ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3636 RYANS LANE ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE <u><i>Robert A. Smith</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ROBERT A. SMITH</b>	
Date <b>4/29/06</b>		Daytime Phone # <b>8136902414</b>	