## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

APPRUYE

06 APR 27 PH 2-17

| DOCUMENT # N0400008288  1. Entity Name EXCELSIOR ACADEMY OF MIAMI, INC.   |  |  |   |   | SE  | 06 APR 27 PH 3: 17 SECRETARY OF STAIL TALLAHASSEE, FLORIDA |   |   |   |
|---|--|--|---|---|---|--|---|---|---|
| Principal Place of Business PO BOX 881237 PORT ST. LUCIE, FL 34988  Mailing Address PO BOX 881237 PORT ST. LUCIE, FL 34988  Mailing Address PO BOX 881237 PORT ST. LUCIE, FL 34988  |  |  |   |   |   |  |   |   | #11 14 <b>#</b> 14                              |
| 2. Principal P  | Place of Business  | 3. Mailing Address   | lailing Address   |   |   |  |   |   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  | Suite, Apt. #, etc.   |   | 04272006 C  | hg-NP  | CR2E037                                 | 7 (11/05)   |   |
| City & State  |  | City & State   |   | 4. FEI Number 20-266407   | 74  |  | <del></del>                             | plied For<br>t Applicable                                 |   |
| Zip .   | Country  | Zip  | Cou   | ntry  | 5. Certificate of S                               | tatus Desired  |   | 8.75 Add<br>ee Require                                    |   |
|   | 6. Name and Address of Current I   | Registered Agent   |   |   | 7. Name and Add                                   | tress of New R   | egistered A                             | gent  |   |
| GOTZ, MA  | ARK H  |  |   | Name  |   |  |   |   |   |
| PO BOX 881237<br>PORT ST LUCIE, FL 34988  |  |  | Street Address (P.O. Box Number is Not Acceptable)  |   |   |  |   |   |   |
|   |  |  |   | City  |   |  | FL                                      | Zip Code  | 9   |
| 8. The above  | named entity submits this statement for  | the purpose of changing its  | registere   | ed office or regis  | tered agent or both in                            | the State of Flo   |   | miliar with   | end accept                                      |
| the obligat   | ions of registered agent.  |  |   |   |   |  | DATE                                    |   |   |
|   | Signature, typed or printed name of registered agent a   | no utie it applicable. (NO1E   | : Registered  | Agent signature requ  | ired when reinstating)                            |  | DATE                                    |   |   |
|   | Filling Fee is \$61.25 Due by May 1, 2006  | 9. Election Cam Trust Fund C   | ıpaign Fi   | nancing   | \$5.00 May Be<br>Added to Fees                    |  | ake check<br>ida Departi                |   |   |
| 10.   | Filing Fee is \$61.25<br>Due by May 1, 2006<br>OFFICERS AND DIR  | 9. Election Cam<br>Trust Fund C                                      | ıpaign Fi   | nancing   | \$5.00 May Be                                     | Flor   | ake check<br>ida Departr                | ment of St  | ate   |
| TITLE   | Filing Fee is \$61.25<br>Due by May 1, 2006<br>OFFICERS AND DIR  | 9. Election Cam<br>Trust Fund C                                      | npaign Fi<br>ontribution<br>11.   | inancing on.  | \$5.00 May Be<br>Added to Fees                    | Flor   | ake check<br>ida Departr                | ment of St  | ate   |
| TITLE<br>NAME   | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIR  PRES GOTZ, MARK H  | 9. Election Carr<br>Trust Fund C                                     | npaign Fi<br>ontribution<br>11.   | nancing on.   | \$5.00 May Be<br>Added to Fees                    | Flor   | ake check<br>ida Departr                | ment of St  | ate   |
| TITLE   | Filing Fee is \$61.25<br>Due by May 1, 2006<br>OFFICERS AND DIR  | 9. Election Carr<br>Trust Fund C                                     | 11. TITLE NAME  | inancing on.  | \$5.00 May Be<br>Added to Fees                    | Flor   | ake check<br>ida Departr                | ment of St  | ate   |
| TITLE<br>NAME<br>STREET ADDRESS   | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIR  PRES GOTZ, MARK H PO BOX 881237  | 9. Election Carr Trust Fund C ECTORS                                 | 11. TITLE NAME  | enancing on.  | \$5.00 May Be<br>Added to Fees                    | Flor   | ake check<br>ida Departi<br>RS AND DIRI | ment of St  | ate  10  Addition                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIR  PRES GOTZ, MARK H PO BOX 881237 PORT ST LUCIE, FL 34988  | 9. Election Carr<br>Trust Fund C                                     | 11. TITLE NAME STREE  | inancing on.  | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANG | Flor   | ake check<br>ida Departr<br>RS AND DIRI | ment of St ECTORS IN Change                               | ate   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIR  PRES GOTZ, MARK H PO BOX 881237 PORT ST LUCIE, FL 34988 S/T ANDREWS, WILLIAM F 4721 NW 27 AVE  | 9. Election Carr Trust Fund C ECTORS                                 | 11. ITILE NAME CITY- TITLE NAME STREE   | inancing on.   IT ADDRESS ST-ZIP  | \$5.00 May Be<br>Added to Fees<br>ADDITIONS/CHANG | Flor   | ake check<br>ida Departr<br>RS AND DIRI | ment of St ECTORS IN Change                               | 10 Addition                                     |
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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 either like impowered.

GNATURE:

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR