2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005441

FILED Jul 26, 2006 Secretary of State

Entity Name: FREEDOM ACADEMY OF ROTONDA WEST, INC.

Current Principal Place of Business: New Principal Place of Business:

501 W. ROTONDA BLVD.

ROTONDA WEST, FL 33946

2100 ENGLEWOOD RD
ENGLEWOOD, FL 34223

Current Mailing Address: New Mailing Address:

P. O. BOX 456 13585 BENNETT DR

CAPE HAZE, FL 33946 PORT CHARLOTTE, FL 33981

FEI Number: 20-2909066 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICE, SARA WOOD, DEBORAH A MRS 189 FAIRWAY RD. 13585 BENNETT DR

ROTONDA WEST, FL 33947 US PORT CHARLOTTE, FL 33981 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: DEBORAH A WOOD 07/26/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: ED () Delete Title: CEO (X) Change () Addition

 Name:
 RICE, SARA E
 Name:
 WOOD, DEBORAH A

 Address:
 189 FAIRWAY RD.
 Address:
 13585 BENNETT DRIVE

 City-St-Zip:
 ROTONDA WEST, FL 33947
 City-St-Zip:
 PORT CHARLOTTE, FL 33981

Title: D () Delete Title: SEC (X) Change () Addition

Name: WOOD, DEBORAH Name: JONES, KARI

Address: 546 BOUNDARY BLVD. Address: 180 EAST WENTWORTH ST City-St-Zip: ROTONDA WEST, FL 33947 City-St-Zip: ENGLEWOOD, FL 34223

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf VP} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:CLENDANIEL, SUSANName:LOCKE, HILARIEAddress:260 COUGAR WAYAddress:10323 WILLMINGTON BLVD

City-St-Zip: ROTONDA WEST, FL 33947 City-St-Zip: ENGLEWOOD, FL 34224

Title: D (X) Delete Title: () Change () Addition

 Name:
 CREMEENS, CHRISTINA
 Name:

 Address:
 4201 OZARK AVE.
 Address:

 City-St-Zip:
 N. PORT, FL 34286
 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: DEBORAH A WOOD CEO 07/26/2006