

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008966

FILED
Apr 30, 2007
Secretary of State

Entity Name: ADVANTAGE ACADEMY OF LEE, INC.

Current Principal Place of Business:

10320 NW 6TH STREET
CORAL SPRINGS, FL 33071

New Principal Place of Business:

4300 N. UNIVERSITY DRIVE
SUITE C 201
SUNRISE, FL 33351

Current Mailing Address:

10320 NW 6TH STREET
CORAL SPRINGS, FL 33071

New Mailing Address:

4300 N. UNIVERSITY DRIVE
SUNRISE, FL 33351

FEI Number: 20-3878840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRADER, MICHAEL G.
10320 NW 6TH STREET
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: GOLDSCHMIDT, MICHAEL
Address: 12082 NW 49TH DRIVE
City-St-Zip: CORAL SPRINGS, FL 33075

Title: D () Delete
Name: POTTORF, LINDA M.
Address: 21 WINEWOOD CT.
City-St-Zip: FT. MYERS, FL 33919

Title: D () Delete
Name: RENNA, RONALD M.
Address: 4364 NW 103 TERRACE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GRASCH, NATHANIEL
Address: 1400 E. NEWPORT CENTER DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442

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

Title: D (X) Change () Addition
Name: ISKANDARANI, BASSEMA
Address: 4803 COCONUT CREEK PARKWAY
City-St-Zip: COCONUT CREEK, FL 33063

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL G STRADER

RA

04/30/2007

Electronic Signature of Signing Officer or Director

Date