## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000010106

STARK, HEATHER

10600 4TH ST. N. #1106

SAINT PETERSBURG, FL 33716

Name: Address:

City-St-Zip:

FILED May 03, 2008 Secretary of State

Entity Nai	me: PLATO ACADEMY PTO, INC.	
Current P	rincipal Place of Business:	New Principal Place of Business:
	D COACHMAN RD. ATER, FL 33765	
Current M	lailing Address:	New Mailing Address:
	D COACHMAN RD. ATER, FL 33765	
In accordan	: 20-3557789 FEI Number Applied For ( ) ice with s. 607.193(2)(b), F.S., the corporation of	lid not receive the prior notice.
Name and	l Address of Current Registered Agen	t: Name and Address of New Registered Agent:
401 S. OLI	POULOS, SOTIRIOS D COACHMAN RD. ATER, FL 34683 US	CHRISTOPOULOS, SOTIRIOS 401 S. OLD COACHMAN RD. CLEARWATER, FL 33765 US
The above in the State	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATURE: SOTIRIOS CHRISTOPOULOS		05/03/2008
	Electronic Signature of Registered	Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () Delete HAYES, TRACEY 1950 SUMMIT DRIVE CLEARWATER, FL 33763	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP ( ) Delete BRANDT, SUSAN 1734 PINE HILL COURT SAFETY HARBOR, FL 34695	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP ( ) Delete GRAMAJO, KSENJIA 1656 WEBB ROAD CLEARWATER, FL 33755	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	S ( ) Delete SCOTT, MICHELLE 1380 STONEHAVEN LANE DUNEDIN, FL 34698	Title: S (X) Change ( ) Addition Name: SCOTT, MICHELLE Address: 1346 RICHLAND AVENUE City-St-Zip: DUNEDIN, FL 34698
Title:	T () Delete	Title: ( ) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: HEATHER STARK 05/03/2008 Τ