

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009172

Entity Name: EXCELSIOR ACADEMIES, INC.

FILED
Jan 11, 2008
Secretary of State

Current Principal Place of Business:

6915 SW 57 AVE.
208
CORAL GABLES, FL 33143

Current Mailing Address:

6915 SW 57 AVE.
208
CORAL GABLES, FL 33143

New Principal Place of Business:

6915 SW 57 AVE.
228
CORAL GABLES, FL 33143

New Mailing Address:

6915 SW 57 AVE.
228
CORAL GABLES, FL 33143

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWER, TIM F
6915 SW 57 AVE.
SUITE 208
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

BOWER, TIM F
6915 SW 57 AVE.
SUITE 228
CORAL GABLES, FL 33143 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: TIM BOWER

01/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NUNEZ, ANTONIO
Address: 11909 SW 78 TERRACE
City-St-Zip: MIAMI, FL 33183 US

Title: VP () Delete
Name: MURPHY, KATHERINE
Address: 1000 ISLAND BLVD., UNIT 2008
City-St-Zip: AVENTURA, FL 33160 US

Title: VP () Delete
Name: CLARO, CAROLINA
Address: 16110 SW 78 ST.
City-St-Zip: MIAMI, FL 33193 US

Title: VP (X) Delete
Name: GUERRA, YOSELIN
Address: 262 EAST 41 ST.
City-St-Zip: HIALEAH, FL 33013 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TRILLES, CLAUDIA
Address: 3275 NW 84 AVENUE
City-St-Zip: MIAMI, FL 33122 US

Title: D (X) Change () Addition
Name: SWANSON, KATHLEEN
Address: 4433 MARCHMONT BLVD.
City-St-Zip: LAND O LAKES, FL 34638 US

Title: D (X) Change () Addition
Name: GUERRA, YOSELIN
Address: 262 EAST 41 ST.
City-St-Zip: HIALEAH, FL 33013 US

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

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: TIM BOWER

RA

01/11/2008

Electronic Signature of Signing Officer or Director

Date