2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009172

Entity Name: EXCELSIOR ACADEMIES, INC.

FILED Apr 03, 2009 Secretary of State

	mer Excelor	or nondewied, into					
Current P	rincipal Place	New Prince	New Principal Place of Business:				
6915 SW 5 228 CORAL G	57 AVE. ABLES, FL 33 [.]		11828 SW 77TH TERRACE MIAMI, FL 33183				
	lailing Addres	New Maili	New Mailing Address:				
6915 SW 5 228	_	11828 SW	11828 SW 77TH TERRACE MIAMI, FL 33183				
	: 26-2248006	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificat	te of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BOWER, TIM F 6915 SW 57 AVE. SUITE 228 CORAL GABLES, FL 33143 US				BOWER, ALICIA R 11828 SW 77TH TERRACE MIAMI, FL 33183 US			
	named entity s e of Florida.	submits this statement for the pr	urpose of changing	its registered	office or re	egistered agent, or both,	
SIGNATURE: ALICIA RODRIGUEZ BOWER					04	4/03/2009	
	Electron	ic Signature of Registered Age	nt		[Oate Oate	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () TRILLES, CLAU 3275 NW 84 AV MIAMI, FL 331:	'ENUE	Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	D () SWANSON, KA 4433 MARCHM LAND O LAKES	ONT BLVD.	Title: Name: Address: City-St-Zip:	D (MORE, DULC 772 NW 1351 MIAMI, FL 33	ГН СТ.) Addition	
Title: Name: Address: City-St-Zip:	D () GUERRA, YOSI 262 EAST 41 S HIALEAH, FL 3	Г.	Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D (BECEIRO, M. 15898 SW 65 MIAMI, FL 33	TERRACE	X) 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.

SIGNATURE: CLAUDIA TRILLES D 04/03/2009