
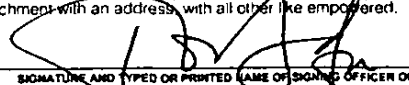


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

04-18-2007 90150 033 ****61.25

DOCUMENT # N06000009227					
1. Entity Name EXCELSIOR ACADEMY OF LANGUAGE OF PASCO, INC.					
Principal Place of Business 4433 MARCHMONT BLVD. LAND O LAKES, FL 34638 US			Mailing Address 6915 SW 57 AVE. SUITE 208 CORAL GABLES, FL 33143 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOWER, TIM 6915 SW 57 AVE. SUITE 208 CORAL GABLES, FL 33143				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWANSON, KATHLEEN		NAME		
STREET ADDRESS	4433 MARCHMONT BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES, FL 34638		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'BRIEN, MARK		NAME		
STREET ADDRESS	4950 BAYSHORE BLVD. UNIT 16		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33611		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONCLAVES, MANUEL		NAME		
STREET ADDRESS	25947 TERRAWOOD LOOP		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES, FL 34639		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOPEZ, JUAN		NAME		
STREET ADDRESS	213 N. LINCOLN AVE.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33609		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Kathleen Swanson		3/31/07 305 441 8778	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	