2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N06000009228



FILED May 14, 2007 8:00 am Secretary of State 04-18-2007 90150 038 ****61.25

1. Entity Name EXCELSION	OR ACA	DEMY OF LANGUA	GE OF PINELLAS,						
1304 SOUTH DESOTO AVE 69 SUITE 100 SU		Mailing Address 6915 SW 57 AVE. SUITE 208 CORAL GABLES, FL 33143 US		heta = 6014.2 ho					
2. Principal Pl	ace of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt. ≢, etc.		Suite, Apt. #, etc.		03312007 CH	ng-NP CR2E03	7 (12/06)			
City & State		City & State		4. FEI Number		No	oplied For ot Applicable		
Zip Country		Zip	Country	5. Certificate of Sta		\$8.75 Add Fee Require			
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				<u> </u>	Name Street Address (P.O. Box Number is Not Acceptable)				
		2 007 10		City			Zip Cod	Α	
						FL			
	ions of regis	ty submits this statement for itered agent. document agent.		s registered office or regis IE Rogstered Agens signature (rou		the State of Florida. I am	amiliar with,	and accept	
Filing Fee is \$61.25 Due by May 1, 2007					 				
	_			mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Mākė checl Florida Depar			
10.	Due by f		Trust Fund		Added to Fees		ECTORS IN	tate	
TITLE	Due by I	OFFICERS AND DIRE	Trust Fund	Contribution.	Added to Fees	Florida Depar	tment of S	tate	
TITLE NAME	DVP GONCAL	May 1, 2007 OFFICERS AND DIRE	Trust Fund	Contribution	Added to Fees	Florida Depar	ECTORS IN	tate	
TITLE	DUP GONCAL 3118 SEV	OFFICERS AND DIRECTORS MANUEL VES, MANUEL VEN SPRINGS BLVD.	Trust Fund	Contribution.	Added to Fees	Florida Depar	ECTORS IN	tate	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DVP GONCAL 3118 SEV NEW PO	May 1, 2007 OFFICERS AND DIRE	Trust Fund ECTORS Delete	Contribution. 11. IIILE NAME STREET ADDRESS CITY-SI-ZIP	Added to Fees	Florida Depar	ECTORS IN Change	tate 1 10 Addition	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 art and peer, with all other like empowered.

SIGNATURE: _