
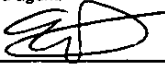
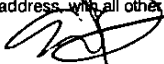


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90342 037 \*\*\*\*61.25

<b>DOCUMENT # N07000007919</b> 1. Entity Name PTSO OF MCKEEL ACADEMY OF TECHNOLOGY, INC.																																																					
Principal Place of Business 1810 W. PARKER STREET LAKELAND, FL 33815 US			Mailing Address 1810 W. PARKER STREET LAKELAND, FL 33815 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 04252008 Chg-NP CR2E037 (12/06)																																																	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable																																																	
6. Name and Address of Current Registered Agent  MAREADY, HAROLD 1810 W. PARKER STREET LAKELAND, FL 33815				7. Name and Address of New Registered Agent Name <u>Erin Doepke</u> Street Address (P.O. Box Number is Not Acceptable) <u>1810 W. Parker St.</u> City <u>Lakeland</u> <u>FL</u> Zip Code <u>33815</u>																																																	
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  <span style="float: right;">4-25-08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 33%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 33%; padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="width: 33%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 33%; padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           President Brenda Morris 1810 W. Parker St. Lakeland, FL 33815         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           Vice-President Irene Fowler 1810 W. Parker St. Lakeland, FL 33815         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">           Treasurer Erin Doepke 1810 W. Parker St. Lakeland, FL 33815         </td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td colspan="2"></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	President Brenda Morris 1810 W. Parker St. Lakeland, FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Vice-President Irene Fowler 1810 W. Parker St. Lakeland, FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Treasurer Erin Doepke 1810 W. Parker St. Lakeland, FL 33815	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.																																																					
<b>SIGNATURE:</b>  <span style="float: right;">4-25-08 (863) 661-1347</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Year/Phone #</small>																																																					