2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000009280

Jul 18, 2008 Secretary of State

Entity Name: FLORIDA HIGH SCHOOL FOR ACCELERATED LEARNING-SOUTH LEE COUNTY CAMPUS, INC.

Current Principal Place of Business: New Principal Place of Business: C/O WILLIAM A. BOYLES 3057 CLEVELAND AVENUE 301 EAST PINE STREET, SUITE 1400 FT. MYERS, FL 33901 ORLANDO, FL 32810 **New Mailing Address: Current Mailing Address:** C/O WILLIAM A. BOYLES 3057 CLEVELAND AVENUE 301 EAST PINE STREET, SUITE 1400 FT. MYERS, FL 33901 US ORLANDO, FL 32810 US FEI Number: 75-3255798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOWLER WHITE BOGGS BANKER P.A 501 E. KENNEDY BOULEVARD, STE. 1700 TAMPA, FL 33602 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete () Change () Addition MIL LIAW Name: Name: 9530 MARKETPLACE RD. Address: Address: City-St-Zip: FORT MYERS, FL 33912 US City-St-Zip: Title: STD Title: () Delete () Change () Addition LONG, LYNDA Name: Name: Address: 16723 SEAGULL BAY COURT Address: City-St-Zip: BOKEELIA, FL 33922 US City-St-Zip: Title: () Delete Title: () Change () Addition SHICKS, JEFFREY Name: Name: 2128 CLEVELAND AVENUE Address: Address: City-St-Zip: FORT MYERS, FL 33901 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: NAYLOR, BILL Name: 2117 MARTIN LUTHER KING BOULEVARD Address: Address: City-St-Zip: FORT MYERS, FL 33901 US City-St-Zip: Title: () Delete Title: () Change () Addition WALLACE, CHRIS Name: Name: 17538 CHERRY RIDGE LAND Address: Address: City-St-Zip: FORT MYERS, FL 33967 US 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: JEFFREY SHICKS P 07/18/2008