

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010550

FILED  
May 23, 2008  
Secretary of State

Entity Name: CENTER FOR ACADEMIC EXCELLENCE INC.

**Current Principal Place of Business:**

591 SPG CRK HWY  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 11814  
ST PETERSBURG, FL 33733

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FARMER, BUDDY B  
591 SPG CRK HWY  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: FARMER, BUDDY B  
Address: P. O. BOX 11814  
City-St-Zip: ST. PETERSBURG, FL 33733

Title: VP ( ) Delete  
Name: JONES, BRUCE  
Address: 950 8TH AVE S  
City-St-Zip: ST PETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: BUDDY FARMER

P

05/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date