

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010550

FILED  
May 06, 2010  
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 35024  
ST PETERSBURG, FL 33705

**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:**

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

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

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

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

Title: S  
Name: HUNT, ROGER  
Address: 11757 SW 213 ST  
City-St-Zip: MIAMI, FL 33170

I hereby 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 all other like empowered.

SIGNATURE: BRUCE JONES

VP

05/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date