

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# N08000003211

Entity Name: ACCREDITING ASSOCIATION INTERNATIONAL FOR SCHOOLS, COLLEGES, AND SEMINARIES, INC.

Current Principal Place of Business:

836 W. MONTROSE ST
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 585477
ORLANDO, FL 32858

New Mailing Address:

FEI Number: 80-0389028 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PIERRE-LOUIS, MICHELE
5210 VATICAN AVE
ORLANDO, FL 32810 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: PIERRE-LOUIS, MICHELE
Address: 5210 VATICAN AVE
City-St-Zip: ORLANDO, FL 32810

Title: VP () Delete
Name: DELINX, MERALUS
Address: P.O.BOX: 136797
City-St-Zip: CLERMONT, FL 34713

Title: TR () Delete
Name: TARDIEU, RIDORE
Address: P. O. BOX 585477
City-St-Zip: ORLANDO, FL 32858

Title: S () Delete
Name: FRANDY, BISSERETH
Address: 2800 ROSE BLVD
City-St-Zip: ORLANDO, FL 32839

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHELE PIERRE-LOUIS

PD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date