2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2011
Secretary of State

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Entity Name: ADVANTAGE ACADEMY OF HILLSBOROUGH, PTSO, INC.

Current Principal Place of Business:

304 W. PROSSER DRIVE
PLANT CITY, FL 33563 US

New Principal Place of Business:

Current Mailing Address:

4300 N. UNIVERSITY DRIVE
C-201
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRADER, MICHAEL G
4300 N. UNIVERSITY DRIVE
C-201
SUNRISE, FL 33351 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
Name: RICHTER, KELLY L
Address: 304 W. PROSSER DRIVE
City-St-Zip: PLANT CITY, FL 33563 US

Title: VP
Name: TURLEY, LISA
Address: 304 W. PROSSER DRIVE
City-St-Zip: PLANT CITY, FL 33563 US

Title: TREA
Name: CLINE, TAMI
Address: 304 W. PROSSER DRIVE
City-St-Zip: PLANT CITY, FL 33563 US

Title: SEC
Name: GRIFFIS, WENDY
Address: 304 W. PROSSER DRIVE
City-St-Zip: PLANT CITY, FL 33563 US

Title: SEC
Name: REED, MICHELLE
Address: 304 W. PROSSER DRIVE
City-St-Zip: PLANT CITY, FL 33563 US

Title: M
Name: TUCKER, LISA
Address: 304 W. PROSSER DRIVE
City-St-Zip: PLANT CITY, FL 33563

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: KELLY RICHTER P 01/19/2011

Electronic Signature of Signing Officer or Director — Date