## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 18, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N20490 EMENT ACADEMY INC.						01-18-2007	90117	013 ****6	1.25
Principal Place of Business 716 EAST BELLA VISTA STREET C/O PAULA SULLIVAN LAKELAND, FL 33805		Mailing Address 716 EAST BELLA VISTA STREET C/O PAULA SULLIVAN LAKELAND, FL 33805			60003188					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Ad	ddress			- - -				
Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.			01122007	Chg-NP	CR2E	(12/06)	
City & Stat	е	City & St	ate			4. FEI Number 59-0774	205		<del></del>	pplied For ot Applicable
Zip	Country	Zip		Country	-	5. Certificate of	f Status Desired		\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Age	ent			7. Name and	ddress of New	Registere	d Agent	
SULLIVAN	I PAULA			Name						
716 EAST	BELLA VISTA STREET D, FL 33805		S		Address (	P.O. Box Number	is Not Acceptab	ole)		
				City				F	L Zip Cod	ie
8. The above		- 1b				4				
the obligat	e named entity submits this statement for	r the purpose of	changing its re	egisterea ottice	or register	red agent, or both	, in the State of F	lorida. La	m familiar with	, and accept
the obligat	enamed entity submits this statement for tions of registered agent.	r the purpose of	changing its re	egistered office	or register	red agent, or both	, in the State of F	Torida. I a	m familiar with	, and accept
the obligat	tions of registered agent.						, in the State of F			, and accept
the obligat	tions of registered agent,  Signature, typed or printed name of registered agent a	and title if applicable	(NOTE I	Registered Agent sig	nature required	d when reinstating)		DATE		
the obligat	tions of registered agent.	and title if applicable		Registered Agent signal	nature required			DATE		
the obligat	Signature, typed or printed name of registered agent a  Filling Fee is \$61.25	and title if applicable	(NOTE I	Registered Agent signal	nature required	\$5.00 May Be Added to Fees	Fic	DATE Make che prida Dep	ck payable t	to State
SIGNATURE  10.	Signature, typed or printed name of registered agent a  Filling Fee is \$61.25  Due by May 1, 2007  OFFICERS AND DIR	and title if applicable  9. RECTORS	(NOTE I	Registered Agent signation of the properties of the proper	nature required	\$5.00 May Be Added to Fees  ADDITIONS/CHA	FIC	DATE Make che orida Dep ERS AND I	ck payable t	to State
SIGNATURE  10.  IIILE NAME	Signature, typed or printed name of registered agent a  Filling Fee is \$61.25  Due by May 1, 2007  OFFICERS AND DIR  2VP  HOKEN, RANDALL	and title if applicable  9. RECTORS	(NOTE I Election Camp Trust Fund Co	Registered Agent signation of the control of the co	nature required	\$5.00 May Be Added to Fees  ADDITIONS/CHA	FIC	DATE Make che orida Dep ERS AND I	ck payable tartment of S	to tate
SIGNATURE  10.  IIILE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a  Filling Fee is \$61.25  Due by May 1, 2007  OFFICERS AND DIR  2VP  HOKEN, RANDALL  PO BOX 7047	and title if applicable  9. RECTORS	(NOTE I Election Camp Trust Fund Co	Design Financing ontribution.  11.  HILE  NAME  STREET ADDRES	AV Holl 463	\$5.00 May Be Added to Fees  ADDITIONS/CHA  P  EN RUNG 50 5. F10	FIGURES TO OFFICE dall	Make che prida Dep ERS AND I	ck payable tartment of S	to tate
TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a  Filling Fee is \$61.25  Due by May 1, 2007  OFFICERS AND DIR  2VP  HOKEN, RANDALL	9, RECTORS	(NOTE I	Pregistered Agent signal particular in the control of the control	AV Holl 463	\$5.00 May Be Added to Fees  ADDITIONS/CHA	FIGURES TO OFFICE dall	Make che prida Dep ERS AND I	ack payable to artment of S	oto itate N 10
SIGNATURE  10.  IIILE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a  Filling Fee is \$61.25  Due by May 1, 2007  OFFICERS AND DIR  2VP  HOKEN, RANDALL  PO BOX 7047  LAKELAND, FL 33807	9, RECTORS	(NOTE I Election Camp Trust Fund Co	Design Financing ontribution.  11.  HILE  NAME  STREET ADDRES	AV Holl 463	\$5.00 May Be Added to Fees  ADDITIONS/CHA  P  EN RUNG 50 5. F10	FIGURES TO OFFICE dall	Make che prida Dep ERS AND I	ck payable tartment of S	to tate
10.  IIILE NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent a  Filling Fee is \$61.25  Due by May 1, 2007  OFFICERS AND DIR  2VP  HOKEN, RANDALL  PO BOX 7047  LAKELAND, FL 33807  SD  MILLER, MARK  PO BOX 32092	9, RECTORS	(NOTE I	Design Financing ontribution.  11.  IIILE NAME STREET ADDRES CITY-ST-ZIP  TITLE NAME STREET ADDRES STREET ADDRES	AV Holl 463	\$5.00 May Be Added to Fees  ADDITIONS/CHA  P  EN RUNG 50 5. F10	FIGURES TO OFFICE dall	Make che prida Dep ERS AND I	ack payable to artment of S	oto itate N 10
TIO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent a  Filling Fee is \$61.25  Due by May 1, 2007  OFFICERS AND DIR  2VP  HOKEN, RANDALL  PO BOX 7047  LAKELAND, FL 33807  SD  MILLER, MARK  PO BOX 32092  LAKELAND, FL 33802	9, RECTORS	Election Camp Trust Fund Co  Delete	Proprieted Agent signature of the control of the co	AV Holl 463	\$5.00 May Be Added to Fees  ADDITIONS/CHA  P  EN RUNG 50 5. F10	FIGURES TO OFFICE dall	Make che prida Dep ERS AND I	ck payable to artment of S  DIRECTORS IN  Change	no itate N 10 Addition
TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	Signature, typed or printed name of registered agent a  Filling Fee is \$61.25  Due by May 1, 2007  OFFICERS AND DIR  2VP  HOKEN, RANDALL  PO BOX 7047  LAKELAND, FL 33807  SD  MILLER, MARK  PO BOX 32092  LAKELAND, FL 33802  TD	9, RECTORS	(NOTE I	Proprieted Agent signature of the control of the co	AV Holl 463	\$5.00 May Be Added to Fees  ADDITIONS/CHA  P  EN RUNG 50 5. F10	FIGURES TO OFFICE dall	Make che prida Dep ERS AND I	ack payable to artment of S	oto itate N 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and argurate and that my 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 his teport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an abdress, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED BY ARMITED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-07

863-683-689