

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90113 040 \*\*\*\*61.25

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<b>DOCUMENT # N48093</b> 1. Entity Name <b>ACADEMY OF ENTREPRENEURSHIP, INC.</b>					
Principal Place of Business <b>927-14TH LANE VERO BEACH, FL 32960</b>			Mailing Address <b>927-14TH LANE VERO BEACH, FL 32960 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04252005    Chg-NP    CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>59-3117743</b>	
Zip                      Country		Zip                      Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROGERS, MARYLYN 927-14TH LANE VERO BEACH, FL 32960</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRIBBLE, MARIAN 1355 42ND AVE. VERO BCH., FL 32960	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>\$5.</del> <b>GRIBBLE, MARIAN</b> <b>1355 42ND AVE</b> <b>VERO BEACH, FL 32960</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRIGGS, HAROLD 7626 58TH VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D → HARRIS, DONALD B.</b> <b>601 N. SWIM CLUB DR 3A</b> <b>VERO BEACH, FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELLINGSWORTH, RON 1507 31 AVE. VERO BEACH, FL 32960	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELLINGSWORTH, RON</b> <b>1507 31 AVE</b> <b>VERO BEACH, FL 32960</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP LEWIS, JOHN T 350 INDIAN HARBOR RD. VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CT</b> <b>LEWIS John T</b> <b>350 INDIAN HARBOR RD</b> <b>VERO BEACH, FL 32963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLIARD, MERLE L 701 SURREY TERR. SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, MARYLYN 65 WOOLAND DR. VERO BEACH, FL 32962	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate 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 this report 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 address, with all other like empowered.					
<b>SIGNATURE:</b> <b>4-28-05</b> (772) 770-2665					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					