

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48093

FILED  
Mar 25, 2006  
Secretary of State

Entity Name: ACADEMY OF ENTREPRENEURSHIP, INC.

**Current Principal Place of Business:**

927-14TH LANE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

927-14TH LANE  
VERO BEACH, FL 32960 US

**New Mailing Address:**

FEI Number: 59-3117743      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROGERS, MARYLYN  
927-14TH LANE  
VERO BEACH, FL 32960 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: S ( ) Delete  
Name: GRIBBLE, MARIAN  
Address: 1355 42ND AVE.  
City-St-Zip: VERO BCH., FL 32960

Title: D ( ) Delete  
Name: HARRIS, DONALD B  
Address: 601 N SWIM CLUB DRIVE 3A  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: ELLINGSWORTH, RON  
Address: 1507 31 AVE.  
City-St-Zip: VERO BEACH, FL 32960

Title: CT ( ) Delete  
Name: LEWIS, JOHN T  
Address: 350 INDIAN HARBOR RD.  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: ROGERS, MARYLYN  
Address: 65 WOOLAND DR.  
City-St-Zip: VERO BEACH, FL 32962

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARYLYN ROGERS

D

03/25/2006

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

\_\_\_\_\_  
Date