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 P | New Principal Place of Business: | |
|---|---|-------------------------------|---|--|--|
| Current Mailing Address: | | | New Mailing Ad | New Mailing Address: | |
| 927-14TH L VERO BEA | ANE CH, FL 32960 | US | | | |
| FEI Number: | 59-3117743 | FEI Number Applied For () | FEI Number Not Applicable (| () Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| ROGERS, MARYLYN 927-14TH LANE VERO BEACH, FL 32960 US 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. | | | | | |
| SIGNATUR | E: | | | | |
| | Electroni | c Signature of Registered Age | nt | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CH | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | S () I GRIBBLE, MARI 1355 42ND AVE VERO BCH., FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () HARRIS, DONAL 601 N SWIM CLI VERO BEACH, F | JB DRIVE 3A | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () ELLINGSWORTH 1507 31 AVE. VERO BEACH, F | , | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CT () I LEWIS, JOHN T 350 INDIAN HAR VERO BEACH, F | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () I ROGERS, MARY 65 WOOLAND D VERO BEACH, F | R. | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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