2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N99000001772

Entity Name: THE ATHENIAN ACADEMY, INC.

Current Principal Place of Business:

2817 ST. MARK'S DR
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

2817 ST. MARK'S DR
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 58-3571143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VELOUDOS, ALEX
2817 ST. MARK'S DR.
DUNEDIN, FL 34698 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:	DVP	( ) Delete
Name:	WILLIAMS, BENEDICT PASTOR	
Address:	1564 GENTRY ST	
City-St-Zip:	CLEARWATER, FL 33755	
Title:	SD	( ) Delete
Name:	RAY, EVELYN	
Address:	915 LAKE DR	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	D	( ) Delete
Name:	PATRIDAS, VOULA	
Address:	543 DIVISION ST	
City-St-Zip:	TARPON SPRINGS, FL 38609	
Title:	D	( ) Delete
Name:	MANNING, HUGH	
Address:	1525 CAIRD WAY	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	D	( ) Delete
Name:	GEORGIADIS, VIKI	
Address:	2059 EGRET DR	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	PD	( ) Delete
Name:	VELOUDOS, ALEX	
Address:	2457 TREEMONT WAY	
City-St-Zip:	DUNEDIN, FL 34698	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	RAY, EVELYN	
Address:	915 LAKE DR	
City-St-Zip:	DUNEDIN, FL 34698	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	SCHOENFELD, MAX	
Address:	2817 ST. MARK'S DR.	
City-St-Zip:	DUNEDIN, FL 34698	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY F BOWER ESQ 04/30/2008

Electronic Signature of Signing Officer or Director — Date