2005 NOT-FOR-PROFIT CORPORATION

FILED ANNUAL REPORT Jan 14, 2005 08:00 AM DOCUMENT # N99000003475 **Secretary of State** 1. Entity Name ALEE ACADEMY, INC. Principal Place of Business Mailing Address 755 SOUTH CENTRAL AVENUE P.O. BOX 2481 UMATILLA, FL 32784 ŪMATILLA, FL 32784 01072005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3579794 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent SMITH, BRENDA H DO NOT WRITE 59 NORTH CENTRAL AVENUE UMATILLA, FL 32784 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2005 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME COHEN, MARTHA STREET ADDRESS 35203 THRILL ROAD CITY-ST-ZIP EUSTIS, FL 32726 U00000181339 01/14/05-80044-016 61.25 TITLE NAME HOLTZCLAW, RACHEL STREET ADDRESS 11 COVE LANE CITY-ST-ZIP EUSTIS, FL 32726 TITLE MANLEY, GERALD DR. NAME STREET ADDRESS 16916 WILLIS MCCALL ROAD DO NOT WRITE CITY-ST-ZIP UMATILLA, FL 32784 IN THIS SPACE TITLE RADNOTHY, LOUIS DR. NAME STREET ADDRESS 390 SOUTH CENTRAL AVENUE CITY-ST-ZIP UMATILLA, FL 32784 TITLE NAME NEELD, JENNINGS STREET ADDRESS 42 DOGWOOD LANE CITY-ST-ZIP EUSTIS, FL 32726 TITI F

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of the receiver or flustee empowered to evedute 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 panel title empowered.

NAME STREET ADDRESS CITY-ST-ZIP

TENNINGS NEELD