2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

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Entity Name: NORMAN ACADEMY-ARTS-LETTERS-SCIENCES-HIGHER EDUCATION CENTRE OF ACADEMIC CULTURE-INC.

Current Principal Place of Business:

17740 FOXGLOVE LANE
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

17740 FOXGLOVE LANE
BOCA RATON, FL 33487 US

New Mailing Address:

FEI Number: 75-3088872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORTESE, VINCENZO
17740 FOXGLOVE LANE
BOCA RATON, FL 33487 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: D ( ) Delete
Name: CORTESE, VINCENZO
Address: 17740 FOXGLOVE LANE
City-St-Zip: BOCA RATON, FL 33487 US

Title: D ( ) Delete
Name: TARTARO, GIUSEPPA M
Address: 17740 FOXGLOVE LANE
City-St-Zip: BOCA RATON, FL 33487 US

Title: PD ( ) Delete
Name: CANESTRI, CARDINAL G
Address: VIA CERNAIA
City-St-Zip: ROMA, LZ 00166 IT

Title: VP ( ) Delete
Name: PALEOLOMO, GIOVANNI V DR.
Address: VIA GAVERINA 27
City-St-Zip: ROMA, LZ 00166 IT

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:

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: GIUSEPPA M. TARTARO D 04/19/2006

Electronic Signature of Signing Officer or Director — Date