

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007493

FILED  
May 21, 2007  
Secretary of State

**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)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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 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 TARTARO

D

05/21/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date