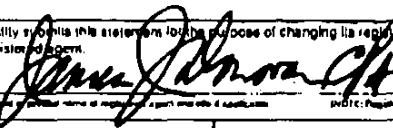
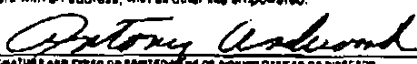


2008 FOR PROFIT CORPORATION ANNUAL REPORT

8/15/2008 9:00 AM FILED 012 \$150.00 \$150.00

DOCUMENT # P00000010010				2008 SEP 16 PM 3:12	
1. Entity Name THE ARGOSY PROGRAM, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 251 ROYAL PALM WAY 3405 1/2 Plymouth P.O. Box 6514 SUITE 100A West Palm Beach, FL 33405 PALM BEACH, FL 33480		Mailing Address 251 ROYAL PALM WAY P.O. Box 6514 SUITE 100A West Palm Beach, FL 33405 PALM BEACH, FL 33480			
2. Principal Place of Business - No P.O. Box # 3405 1/2 PLYMOUTH		3. Mailing Address P.O. Box 6514			
City & State W. Palm Beach, FL		City & State W. Palm Beach, FL		4. FEI Number 65-1091440	
Zip 33405		Zip 33405		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLATER, ROBERT W 214 BRAZILIAN AVE., STE. 260 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name: Jim Donovan Street Address (P.O. Box Number & Number acceptable): 3046 S. Congress City: Lake Worth FL Zip Code: 33461			
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: 		Date: 9/11/08			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	NAME	UNDERWOOD, ANTONY	TITLE	UNDERWOOD, ANTONY
STREET ADDRESS	214 BRAZILIAN AVE STE 230	STREET ADDRESS	3405 1/2 Plymouth Pk	STREET ADDRESS	3405 1/2 Plymouth Pk
CITY-STATE-ZIP	PALM BEACH, FL 33480	CITY-STATE-ZIP	W. Palm Beach, FL	CITY-STATE-ZIP	W. Palm Beach, FL
TITLE		TITLE		TITLE	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE		TITLE	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE		TITLE	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE		TITLE	
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Date: 8-8-08			