

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114945

FILED
Apr 29, 2008
Secretary of State

Entity Name: ACADEMIC ALTERNATIVE HIGH SCHOOL, INC.

Current Principal Place of Business:

2300 N. DIXIE HWY
BOCA RATON, FL 33431

New Principal Place of Business:

23114 SANDALFOOT PLAZA DR.
BOCA RATON, FL 334286627

Current Mailing Address:

2300 N. DIXIE HWY.
BOCA RATON, FL 33431

New Mailing Address:

23114 SANDALFOOT PLAZA DR.
BOCA RATON, FL 33428

FEI Number: 59-3692979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KLASFELD, SHELDON
2300 N. DIXIE HWY
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

KLASFELD, SHELDON
23114 SANDALFOOT PLAZA DR.
BOCA RATON, FL 33428 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: KLASFELD, SHELDON
Address: 2300 N. DIXIE HWY
City-St-Zip: BOCA RATON, FL 33431

Title: D () Delete
Name: KLASFELD, SHELDON
Address: 2300 N. DIXIE HWY
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: KLASFELD, SHELDON
Address: 23114 SANDALFOOT PLAZA DR.
City-St-Zip: BOCA RATON, FL 33428

Title: D (X) Change () Addition
Name: KLASFELD, SHELDON
Address: 23114 SANDALFOOT PLAZA DR.
City-St-Zip: BOCA RATON, FL 33428

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELDON KLASFELD

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date