

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114945

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** ACADEMIC ALTERNATIVE HIGH SCHOOL, INC.

**Current Principal Place of Business:**

23114 SANDALFOOT PLAZA DR.  
BOCA RATON, FL 334286627

**New Principal Place of Business:**

23114 SANDALFOOT PLAZA DR.  
BOCA RATON, FL 334286627 US

**Current Mailing Address:**

23114 SANDALFOOT PLAZA DR.  
BOCA RATON, FL 33428

**New Mailing Address:**

23114 SANDALFOOT PLAZA DR.  
BOCA RATON, FL 334286627 US

**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  
23114 SANDALFOOT PLAZA DR.  
BOCA RATON, FL 33428 US

**Name and Address of New Registered Agent:**

KLASFELD, SHELDON PRINCIP  
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: SHELDON KLASFELD

02/10/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: SHELDON KLASFELD

MR

02/10/2010

Electronic Signature of Signing Officer or Director

Date