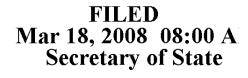
2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P01000024562 1. Entity Name AMERICAN ACADEMIC NETWORK, INC. Principal Place of Business Mailing Address 3138 LAMPLIGHTER DR **244 SHOPPING AVENUE** C/O NANCY RAYNER/BERNARD SUITE 218



Applied For

Not Applicable



6. Name and Address of Current Registered Agent

DO NOT VIRITE IN THIS SPACE

SARASOTA FL 34237

02272008 CR2E034 (11/05) No Chg-P

\$8.75 Additional 5. Certificate of Status Desired Fee Required

TO SEE WRITE

N THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regussered Agent ingressure required when rematating) DATE

FiLE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

SARASOTA, FL 34234

RAYNER, NANCY

3128 LAMPLIGHTER DR C/O BERNARD

SARASOTA, FL 34234

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

4. FEI Number 65-1081820

10. OFFICERS AND DIRECTORS TITLE RAYNOR, NANCY P NAME 3128 LAMPLIGHTER STREET ADDRESS CATY-ST-ZIP SARASOTA, FL 34234 TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000863043 04/03/08-80076-009 158.75

DO NOT WHIE THE STATE

12. I hereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE

941-256-6911