2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State
09-06-2005 90133 049 ***150.00

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05052005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000060933

1. Entity Name
HIGHER LEARNING ACADEMY OF DAYTONA, INC.

Principal Place of Business	Mailing Address
740 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32114	1501 RIDGEWOOD AVE. SUITE 105 HOLLY HILL, FL 32117

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 960627
Suite, Apt. #, etc.	Suite, Apt. #, etc. -N/A-
City & State	City & State Riverdale, GA
Zip / Country	Zip 30296 Country USA

4. FEI Number 59-3671681 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LINDO, LINDA 6 RIDGE TRAIL ORMOND BEACH, FL 32174	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST LINDO, LINDA ~~6 RIDGE TRAIL~~ ~~ORMOND BEACH, FL 32174~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST Lindo, Linda 230 Sheldon Way Fayettville, GA 30215 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #