2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# P01000096906

Entity Name: ORLANDO CULINARY ACADEMY, INC.

Current Principal Place of Business:

2895 GREENSPOINT PKWY
600
HOFFMAN ESTATES, IL 60195

New Principal Place of Business:

2895 GREENSPOINT PKWY, #600
ATTN: TAX DEPT
HOFFMAN ESTATES, IL 60195

Current Mailing Address:

2895 GREENSPOINT PKWY
SUITE 600, ATTN: TAX DEPT.
HOFFMAN ESTATES, IL 60195

New Mailing Address:

FEI Number: 36-4476023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LARSON, JOHN
Address: 2895 GREENSPOINT PKWY, STE 600
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: VTSD ( ) Delete
Name: PESCH, PATRICK K
Address: 2895 GREENSPOINT PKWY, STE 600
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: AST ( ) Delete
Name: NACHTSHEIM, ROBERT W
Address: 2895 GREENSPOINT PKWY, STE 600
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: AST ( ) Delete
Name: GRAHAM, JOHN P
Address: 2895 GREENSPOINT PKWY, STE 600
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: AST ( ) Delete
Name: ZILCH, KENNETH R
Address: 2895 GREENSPOINT PKWY, STE 600
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AST (X) Change ( ) Addition
Name: BAX, THOMAS
Address: 2895 GREENSPOINT PKWY, STE 600
City-St-Zip: HOFFMAN ESTATES, IL 60195

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SCT ( ) Change (X) Addition
Name: BLOCK, JANICE L
Address: 2895 GREENSPOINT PARKWAY, #600
City-St-Zip: HOFFMAN ESTATES, IL 60195

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS BAX AST 04/24/2006
Electronic Signature of Signing Officer or Director — Date