2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096906

Entity Name: ORLANDO CULINARY ACADEMY, INC.

FILED Mar 16, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
2895 GREENSPOINT PKWY, #600 ATTN: TAX DEPT HOFFMAN ESTATES. IL 60195				2895 GREENSPOINT PKWY, #600 ATTN: TAX DEPT HOFFMAN ESTATES, IL 60169				
Current Mailing Address:				New Mailing Address:				
2895 GREENSPOINT PKWY SUITE 600, ATTN: TAX DEPT. HOFFMAN ESTATES, IL 60195				2895 GREENSPOINT PKWY SUITE 600, ATTN: TAX DEPT. HOFFMAN ESTATES, IL 60169				
FEI Number:	36-4476023	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Des	sired ()	
Name and Address of Current Registered Agent: Na					Name and Address of New Registered Agent:			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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.								
SIGNATUR	E:							
Electronic Signature of Registered Agent						Date		
Election Cam	paign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	LARSON, JOHN	Delete DINT PKWY, STE 600 TES, IL 60195		Title: Name: Address: City-St-Zip:	PESCH, PATRIC	OINT PKWY, STE 600		
Title: Name: Address: City-St-Zip:	PESCH, PATRIC	DINT PKWY, STE 600		Title: Name: Address: City-St-Zip:	ZILCH, KENNET	OINT PKWY, STE 600		
Title: Name: Address: City-St-Zip:	BAX, THOMAS	Delete DINT PKWY, STE 600 TES, IL 60195		Title: Name: Address: City-St-Zip:	BAX, THOMAS J	OINT PKWY, STE 600		
Title: Name: Address: City-St-Zip:	GRAHAM, JOHN	DINT PKWY, STE 600		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	ZILCH, KENNETH	DINT PKWY, STE 600		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	BLOCK, JANICE	DINT PARKWAY, #600		Title: Name: Address: City-St-Zip:	()	Change () Addition		

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: KENNETH R. ZILCH ASCT 03/16/2007