

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015688

FILED
Apr 30, 2007
Secretary of State

Entity Name: ADVANCED MENTOR PERFORMING ARTS ACADEMY, INC.

Current Principal Place of Business:

12997 CLEVELAND AVE.
SUITE 260
FT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12997 CLEVELAND AVE.
SUITE 260
FT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1169502 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NIEKAMP, SUSAN A
8092 BRETON CIR
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

NIEKAMP, SUSAN A
8092 BRETON CIR
SUITE 260
FT MYERS, FL 33912 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: SUSAN NIEKAMP

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NIEKAMP, SUSAN A
Address: 8092 BRETON CIR
City-St-Zip: FT MYERS, FL 33912

Title: D () Delete
Name: NIEKAMP, LARRY S
Address: 8092 BRETON CIR
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN NIEKAMP

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date