

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000086201

FILED
Apr 26, 2005
Secretary of State

Entity Name: ANGLE SYSTEM OF SCHOOLS AND COLLEGES, INC.

Current Principal Place of Business:

230 N WOODLAND BLVD STE 230
DELAND, FL 32720

New Principal Place of Business:

230 N WOODLAND BLVD STE 310
DELAND, FL 32720

Current Mailing Address:

230 N WOODLAND BLVD STE 230
DELAND, FL 32720

New Mailing Address:

230 N WOODLAND BLVD STE 310
DELAND, FL 32720

FEI Number: 54-2120648

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGLEY, JOSEPH T DR.
103 GLEN CLUB COURT
DEBARY, FL 32713 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: D () Delete
Name: ANGLEY, JOSEPH T
Address: 103 GLEN CLUB CT
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: ANGLEY, JEFFREY T ESQUIRE
Address: 347 PRINCE ROGERS WAY
City-St-Zip: MARSHFIELD, MA 02050

Title: D () Delete
Name: CELEC, STEVEN DR.
Address: 452 TIGER HAMMOCK
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: ANGLEY, JOSEPH T
Address: 103 GLEN CLUB CT
City-St-Zip: DEBARY, FL 32713

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 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 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: JOSEPH T ANGLEY

DR.

04/26/2005

Electronic Signature of Signing Officer or Director

Date