2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P04000003889

Entity Name: ST. AUGUSTINE ACADEMY OF PERFORMING ARTS, INC.

Current Principal Place of Business:

2121 US 1 SOUTH
ST AUGUSTINE, FL 32086

New Principal Place of Business:

2121 US 1 SOUTH
SUITE 29
ST AUGUSTINE, FL 32086

Current Mailing Address:

2121 US 1 SOUTH
ST AUGUSTINE, FL 32086

New Mailing Address:

2121 US 1 SOUTH
SUITE 29
ST AUGUSTINE, FL 32086

FEI Number: 20-0609189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, ELIZABETH M
2121 US 1 SOUTH
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

JOHNSON, ELIZABETH M
2121 US 1 SOUTH
SUITE 29
ST AUGUSTINE, FL 32086 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: 04/30/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSON, ELIZABETH M
Address: 845 QUEENS RD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VPD ( ) Delete
Name: JOHNSON, BILLY E
Address: 845 QUEENS RD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: STD ( ) Delete
Name: JOHNSON, SHALYNN L
Address: 845 QUEENS RD
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JOHNSON, ELIZABETH M
Address: 845 QUEEN RD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: VPD (X) Change ( ) Addition
Name: JOHNSON, BILLY E
Address: 845 QUEEN RD
City-St-Zip: ST AUGUSTINE, FL 32086

Title: STD (X) Change ( ) Addition
Name: JOHNSON, SHALYNN L
Address: 845 QUEEN RD
City-St-Zip: ST AUGUSTINE, FL 32086

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: BILLY E JOHNSON VPD 04/30/2005
Electronic Signature of Signing Officer or Director — Date