2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 08, 2005 8:00 am
Secretary of State
04-08-2005 90050 043 ***150.00

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02152005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000027531

1. Entity Name
AMERICAN COLLEGE OF APPLIED SCIENCE, INC.

Principal Place of Business	Mailing Address
10224 GROVEVIEW WAY SANFORD, FL 32773-5978	10224 GROVEVIEW WAY SANFORD, FL 32773-5978

2. Principal Place of Business	3. Mailing Address
123 Dream Pond Rd.	PO Box 825
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crescent City FL	City & State: Crescent City FL
Zip: 32112 Country: US	Zip: 32112 Country: US

4. FEI Number: 90-0146870 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEFRANCO, ROBERT 10224 GROVEVIEW WAY SANFORD, FL 32773-5978	Name: JAMES A. HAENFLER Street Address (P.O. Box Number is Not Acceptable): 20 N. SUMMIT STREET City: CRESCENT CITY FL Zip Code: 32112

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] JAMES HAENFLER 2/15/5
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEFRANCO, ROBERT 10224 GROVEVIEW WAY SANFORD, FL 327735978	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert DeFranco PO Box 825 Crescent City FL 32112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHARMA, DANIELA 2 SALEM ST PISCATAWAY, NJ 088544650	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALUMBO, KAREN ANN 29 GILLEY RD PERRYVILLE, MD 219031711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAKUBOW, JAMES 9823 MAJORCA PLACE BOCA RATON, FL 334343713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REINECKE, DANA 611 W WALNUT ST LONG BEACH, NY 115612918	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #