

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000027531

FILED
Jan 14, 2009
Secretary of State

Entity Name: AMERICAN COLLEGE OF APPLIED SCIENCE, INC.

Current Principal Place of Business:

123 DREAM POND RD
CRESCENT CITY, FL 32112 US

New Principal Place of Business:

Current Mailing Address:

123 DREAM POND RD
CRESCENT CITY, FL 32112 US

New Mailing Address:

PO BOX 825
CRESCENT CITY, FL 32112 US

FEI Number: 90-0146870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAENFLER, JAMES A
20 NORTH SUMMIT ST.
CRESCENT CITY, FL 32112 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: P () Delete
Name: DEFRANCO, ROBERT L
Address: P O BOX 825
City-St-Zip: CRESCENT CITY, FL 32112

Title: VP () Delete
Name: SHARMA, DANIELA
Address: 2 SALEM ST
City-St-Zip: PISCATAWAY, NJ 08854

Title: VP () Delete
Name: ROSARIO, HECTOR
Address: 2388 RIFT VALLEY STREET
City-St-Zip: HENDERSON, NV 89044

Title: DR () Delete
Name: JAKUBOW, JAMES
Address: 9823 MAJORCA PLACE
City-St-Zip: BOCA RATON, FL 33434

Title: DR () Delete
Name: REINECKE, DANA
Address: 611 W WALNUT ST
City-St-Zip: LONG BEACH, NY 11561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT DEFRANCO

P

01/14/2009

Electronic Signature of Signing Officer or Director

Date