## FILED Apr 08, 2005 8:00 am Secretary of State 04-08-2005 90073 039 \*\*\*150.00

## 2005 FOR PROFIT CORPORATION

DOCUMENT # P04000098367  ADVANCED CONTINUING EDUCATION INC.  Add PINER RD NOKOMS, FL 34275  Add PINER RD NOKOMS, FL 34275  A Belling Address  Add PINER RD NOKOMS, FL 34275  A Belling Address  A Malling Address  Add PINER RD NOKOMS, FL 34275  A Belling Address  A FEI Number  A FEI Number I Next Addressed  For Required  For Required  For Required  A FEI Number I Next Addressed  For Required  For Requi	·	ANNUAI	LREPURI		<del></del>		
4.0 A PINE RD NOKOMIS, RL 34275  2. Principal Place of Business  Suite, Apr. #, atc.   Suite, Apr. #, etc.   S	1. Entity Name				40051462		
Suite, Apt. #, etc.   Suite, Apt. #, etc.   D382005   Chg. P   CR2E034 (10/03)	404 PINE RI	)	404 PINE RD				
City & State    City & State   City & City & State   City & City & State   City & State   City & C	Principal Place of Business     3. Mailing Address						
Zip Country Zip Country S. Corniticate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282005 Chg-P CR2E034 (10/03)		
Secondary   Seco	City & State		City & State		4. FEI Number		
MILLIAMS, SHARON J 404 PINE RD NOKOMIS, FL 34275  8. The above named entity submits this statement for the purpose of changing its registered depint, or both, in the State of Florida, I am familiar with and scoops the obligations of registered agent. or both, in the State of Florida, I am familiar with and scoops the obligations of registered agent.  SIGNATURE  Speakth typed to preced name of registered agent and let it spoklable.  **TILE NOWIII FEE IS \$150.00**  **OFFICERS AND DIRECTORS**  10. OFFICERS AND DIRECTORS**  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  **ITIE *	Žip	Country	Zip	Country	5 Certificate of Status Desired S8.75 Additions	ai	
AND LIAMS, SHARON J 404 PINERD NOKOMIS, FL 34275  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Properties   Prope		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
NOKOMIS, FL 34275  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  STORMAN TO THE STATE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  PMILLIAMS, SHARON J  MAE  STRET ADDRESS  OCTY-51-2P  TILE  MAKE  STRET ADDRESS  CITY-51-2P  TILE  MAKE	WILLIAMS, SHARON J						
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Commonweight				Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Comparison of registered agent ag				City	■■ Zin Code		
SIGNATURE   Signature hyperic or printed reame of registered agent and site if applicables   (NOTE: Registered Agent sequence required short recreated short r					<u> </u>	nnoant	
Note							
### Added to Fees    10.							
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		Certify that the information supplied with	h this filing does not qualify for th		Section 119.07(3Vi). Florida Statutes. I further certify that the information	ation	

Sharon 1 Williams Sharon J Williams 4-5-05 941-485-9567
BIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

District Prome 8