2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006
Secretary of State

DOCUMENT# P04000159059

Entity Name: SPECTRUM ACADEMY, INC.

Current Principal Place of Business:

1006 N. ALEXANDER ST.
MOUNT DORA, FL 32757 US

New Principal Place of Business:

1803 LAKE VILLA DR.
TAVARES, FL 32778 US

Current Mailing Address:

1006 N. ALEXANDER ST.
MOUNT DORA, FL 32757 US

New Mailing Address:

1803 LAKE VILLA DR.
TAVARES, FL 32778 US

FEI Number: 74-3134549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, DIANNA L
1006 N. ALEXANDER ST.
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

PIERCE, DIANNA L
1803 LAKE VILLA DR.
TAVARES, FL 32778 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: DIANNA PIERCE 05/16/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PIERCE, DIANNA L
Address: 1006 N. ALEXANDER ST
City-St-Zip: MOUNT DORA, FL 32757 US

Title: D ( ) Delete
Name: PIERCE, DIANNA L
Address: 1006 N. ALEXANDER ST
City-St-Zip: MOUNT DORA, FL 32757 US

Title: S ( ) Delete
Name: PIERCE, CARY A
Address: 1006 N. ALEXANDER ST.
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PIERCE, DIANNA L
Address: 1803 LAKE VILLA DR.
City-St-Zip: TAVARES, FL 32778 US

Title: D (X) Change ( ) Addition
Name: PIERCE, DIANNA L
Address: 1803 LAKE VILLA DR.
City-St-Zip: TAVARES, FL 32778 US

Title: S (X) Change ( ) Addition
Name: PIERCE, CARY A
Address: 1803 LAKE VILLA DR.
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANNA PIERCE P, D 05/16/2006
Electronic Signature of Signing Officer or Director Date