

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019080

FILED
Mar 02, 2006
Secretary of State

Entity Name: SPECIALTY CAREER ACADEMY, INC.

Current Principal Place of Business:

9861 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32257

New Principal Place of Business:

12627 SAN JOSE BLVD
SUITE 505
JACKSONVILLE, FL 32223

Current Mailing Address:

9861 ST. AUGUSTINE ROAD
JACKSONVILLE, FL 32257

New Mailing Address:

12627 SAN JOSE BLVD
SUITE 505
JACKSONVILLE, FL 32223

FEI Number: 84-1668147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CURTIS, CHARLES W III
2107 HENDRICKS AVENUE
2ND FLOOR
JACKSONVILLE, FL 32207 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: DTVP () Delete
Name: MAGALDI, FRANK A
Address: 3420 BABICHE DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D (X) Delete
Name: SHERSTAD, LARRY
Address: 4836 NAHAME WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: DP (X) Delete
Name: YATES, WENDELL
Address: 3544 RANYMUR VILLA DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: DS () Delete
Name: SNYDER, MIKE
Address: 10862 SADDLEHORN DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Delete
Name: VITTORIO, NICK JR
Address: 803 JENKS AVE., STE. 2
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DTVP (X) Change () Addition
Name: MAGALDI, FRANK A
Address: 3420 BABICHE STREET
City-St-Zip: JACKSONVILLE, FL 32259

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

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

Title: DP (X) Change () Addition
Name: SNYDER, MIKE
Address: 10862 SADDLEHORN DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

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

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: FRANK A MAGALDI

DVP

03/02/2006

Electronic Signature of Signing Officer or Director

Date