

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019651

FILED  
Apr 10, 2006  
Secretary of State

Entity Name: FLORIDA ACADEMY FOR MANAGEMENT EXECUTIVES, INC.

## Current Principal Place of Business:

P. O. BOX 15106  
TALLAHASSEE, FL 323171506

## New Principal Place of Business:

3236 WHITNEY DRIVE EAST  
TALLAHASSEE, FL 32309

## Current Mailing Address:

P. O. BOX 15106  
TALLAHASSEE, FL 323171506

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COX, BARBARA A  
3236 WHITNEY DR. EAST  
TALLAHASSEE, FL 32308 US

## Name and Address of New Registered Agent:

COX, BARBARA A  
3236 WHITNEY DR. EAST  
TALLAHASSEE, FL 32309 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: BARBARA ANN COX

04/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CMP ( ) Delete  
Name: COX, BARBARA A  
Address: 3236 WHITNEY DR. EAST  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD ( ) Delete  
Name: GABRIELLE, DONNA  
Address: 8440 AUGUSTWOOD LANE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: TD ( ) Delete  
Name: VIKER, DACQUES  
Address: 3502 LIMMERICK  
City-St-Zip: TALLAHASSEE, FL 32308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: COX, CMP, BARBARA A  
Address: 3236 WHITNEY DR. EAST  
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP (X) Change ( ) Addition  
Name: GABRIELLE, DONNA  
Address: 8440 AUGUSTWOOD LANE  
City-St-Zip: TALLAHASSEE, FL 32311

Title: T (X) Change ( ) Addition  
Name: VIKER, DACQUES  
Address: 3502 LIMMERICK  
City-St-Zip: TALLAHASSEE, FL 32308

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: BARBARA ANN COX

P

04/10/2006

Electronic Signature of Signing Officer or Director

Date