

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000096817

1. Entity Name
CONSULTANTS FOR POSITIVE ACADEMIC OUTCOMES, INC



Principal Place of Business 121 38TH CT VERO BEACH, FL 32968 US	Mailing Address 121 38TH CT VERO BEACH, FL 32968 US
---	---

DO NOT WRITE IN THIS SPACE



06042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3136078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONELSON, ROBERTA W
 121 38TH CT
 VERO BEACH, FL 32968

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONELSON, ROBERTA W 121 38TH CT VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VR DONELSON, WILLIAM J 121 38TH CT VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000766229
 06/13/07-80002-002 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Roberta W. Donelson* 6/6/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #