

2006 FOR PROFIT CORPORATION-- ANNUAL REPORT

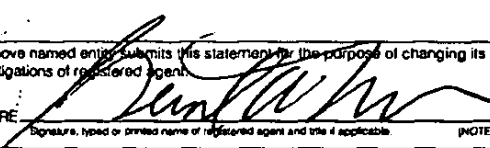
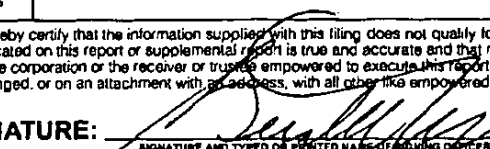
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P05000133722			
1. Entity Name TITLE IV ACADEMY, INC.			
Principal Place of Business 7255 ESTAPONA CIRCLE FERN PARK, FL 32730		Mailing Address 7255 ESTAPONA CIRCLE FERN PARK, FL 32730	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BATES, LONDON L ESQ. 1245 COURT ST., SUITE 102 CLEARWATER, FL 33758		7. Name and Address of New Registered Agent Name: <u>GERALD W. NEWMAN</u> Street Address (P.O. Box Number is Not Acceptable): <u>7255 ESTAPONA CR.</u> City: <u>FERN PARK</u> FL Zip Code: <u>32730</u>	
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: 		DATE: <u>04/28/06</u>	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWMAN, GERALD W 7255 ESTAPONA CIRCLE FERN PARK, FL 32730 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWMAN, SUSAN L 7255 ESTAPONA CIRCLE FERN PARK, FL 32730 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BYRD-STROZIER, JOYCE 7255 ESTAPONA CIRCLE FERN PARK, FL 32730 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D URBANSKI, MARY 7255 ESTAPONA CIRCLE FERN PARK, FL 32730 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: 		DATE: <u>04/28/06</u> * (407) 673-7400	