


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2007 8:00 am**  
**Secretary of State**

06-28-2007 90002 029 \*\*\*158.75

<b>DOCUMENT # P06000002442</b>	
1. Entity Name <b>ACADEMIC CENTER OF TAMPA, INC.</b>	

Principal Place of Business <b>13018 N. DALE MABRY HWY TAMPA, FL 33618</b>	Mailing Address <b>13018 N. DALE MABRY HWY TAMPA, FL 33618</b>
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2. Principal Place of Business - No P.O. Box # <b>13018 N. Dale Mabry Hwy</b>	3. Mailing Address <b>13018 N. Dale Mabry Hwy.</b>
Suite, Apt. #, etc. <b>Tampa, FL</b>	Suite, Apt. #, etc. <b>Tampa, FL</b>
City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>
Zip <b>33618</b>	Country <b>U.S.A.</b>

40122112



06212007 Chg-P CR2E034 (12/06)

4. FEI Number <b>02-0763554</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>JUAN, EDNA I 3127 WAVERLY PARK TAMPA, FL 33629</b>	7. Name and Address of New Registered Agent Name <b>Juan, Edna I.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11312 Carrollwood Dr.</b> City <b>Tampa</b> FL Zip Code <b>33618</b>
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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 <b>06/27/2007</b>
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JUAN, EDNA I</b>		NAME <b>Edna I. Juan</b>	
STREET ADDRESS <b>3127 WAVERLY PARK</b>		STREET ADDRESS <b>11312 Carrollwood Dr.</b>	
CITY-ST-ZIP <b>TAMPA, FL 33629</b>		CITY-ST-ZIP <b>Tampa, FL 33618</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	DATE <b>06/27/07</b>	DAYTIME PHONE # <b>(813) 968-8787</b>
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