

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004593

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: THE WALDEN ACADEMY OF HIGHER LEARNING, INC.

## Current Principal Place of Business:

333 TRESSLER DR.  
SUITE B  
STUART, FL 34994 US

## New Principal Place of Business:

## Current Mailing Address:

333 TRESSLER DR.  
SUITE B  
STUART, FL 34994 US

## New Mailing Address:

FEI Number: 20-4298705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MITCHELL, PATRICIA  
2582 SE CALUSA AVENUE  
PORT SAINT LUCIE, FL 34952 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: P ( ) Delete  
Name: MITCHELL, PATRICIA D  
Address: 1508 W. FREDRICK SMALL ROAD  
City-St-Zip: JUPITER, FL 33458 US

Title: VP ( ) Delete  
Name: ETELSON, TRACEY F  
Address: 6877 48TH AVENUE  
City-St-Zip: PALM CITY, FL 34990 US

Title: T ( ) Delete  
Name: ETELSON, TRACEY F  
Address: 6877 48TH AVENUE  
City-St-Zip: PALM CITY, FL 34990 US

Title: S ( ) Delete  
Name: MITCHELL, PATRICIA D  
Address: 1508 W. FREDRICK SMALL ROAD  
City-St-Zip: JUPITER, FL 33458 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MITCHELL, PATRICIA D  
Address: 2582 SE CALUSA AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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

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

Title: S (X) Change ( ) Addition  
Name: MITCHELL, PATRICIA D  
Address: 2582 SE CALUSA AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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: PATRICIA D. MITCHELL

P

01/10/2007

Electronic Signature of Signing Officer or Director

Date