


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90170 039 \*\*\*150.00

<b>DOCUMENT # P06000107869</b>	
1. Entity Name <b>VILLAGE ACADEMY NORTH, INC.</b>	

Principal Place of Business <b>145 LEWIS POINT ROAD ST AUGUSTINE, FL 32086</b>	Mailing Address <b>145 LEWIS POINT ROAD ST AUGUSTINE, FL 32086</b>
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2. Principal Place of Business - No P.O. Box # <b>5970 US-1 NORTH</b>	3. Mailing Address <b>5970 US-1 NORTH</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ST. AUGUSTINE, FL.</b>	City & State <b>ST AUGUSTINE FL</b>
Zip <b>32095</b>	Zip <b>32095</b>
Country	Country

04022007 Chg-P CR2E034 (12/06)



4. FEI Number <b>20-5494039</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE STE 1200 JACKSONVILLE, FL 32202</b>	7. Name and Address of New Registered Agent Name <b>CURTIS A WEAVER JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>5970 US-1 NORTH</b> City <b>ST. AUGUSTINE FL</b> Zip Code <b>32095</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 *Curtis A Weaver Jr* **2 APR 07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DPT WEAVER, Babette A. 3025 Bishop Estates Road SAINT Johns, FL 32259</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DVPS WEAVER, JR., CURTIS A. 3025 Bishop Estates Road SAINT Johns, FL 32259</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Curtis A Weaver Jr* **2 APR 07** **904 824 7997**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #