2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116256

Entity Name: ROCK SCHOOL, INC

Address:

City-St-Zip:

ONE ROBIN CREST LN

HAWTHORN WOODS, IL 60047 US

FILED Jan 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1800 THE GREENS WAY SUITE 404 JACKSONVILLE BEACH, FL 32250 US **Current Mailing Address: New Mailing Address:** 1800 THE GREENS WAY SUITE 404 JACKSONVILLE BEACH, FL 32250 US FEI Number: 26-1357348 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMERICAN SAFETY COUNCIL, INC. OAKDEN, WALTER W JR 5125 ADANSON ST. 1800 THÉ GREENS WAY SUITE 500 APT 404 ORLANDO, FL 32804 US JACKSONVILLE, FL 32250 US 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: WALTER W OAKDEN JR 01/22/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PVST** () Delete Title: () Change () Addition Name: OAKDEN, WALTER Name: 1800 THE GREENS WAY SUITE 404 Address: Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 US City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: OAKDEN, WALTER Name: OAKDEN, WALTER W JR 1800 THE GREENS WAY SUITE 404 1800 THE GREENS WAY SUITE 404 Address: Address: JACKSONVILLE BEACH, FL 32250 US JACKSONVILLE BEACH, FL 32250 US City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition OAKDEN, WALTER SR Name: Name: ONE ROBIN CREST LN Address: Address: City-St-Zip: HAWTHORN WOODS, IL 60047 US City-St-Zip: Title: () Delete Title: () Change () Addition OAKDEN, LYNNE Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: WALTER W OAKDEN JR **PRES** 01/22/2008