

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000102032

**Entity Name:** TEST PASS ACADEMY, INC.

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

859 JEFFERY STREET  
SUITE 409  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

859 JEFFERY STREET  
SUITE 409  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 27-1529532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALCONERO, LILIA M  
859 JEFFERY STREET  
SUITE 409  
BOCA RATON, FL 33487 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ALCONERO, LILIA M  
**Address:** 859 JEFFERY STREET SUITE 409  
**City-St-Zip:** BOCA RATON, FL 33487 PB

**Title:** VP  
**Name:** HIPPLE, JAMES C JR.  
**Address:** 859 JEFFERY STREET SUITE 409  
**City-St-Zip:** BOCA RATON, FL 33487 PB

I hereby 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 all other like empowered.

**SIGNATURE:** LILIA ALCONERO

P

02/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date