


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000061929 1. Entity Name ACADEMY 2000, INC.	
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Principal Place of Business 624 BETHUNE DRIVE ORLANDO, FL 32805	Mailing Address 7648 TELFORD CT ORLANDO, FL 32818 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3462366	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RISPER, JOHN C
7648 TELFORD CT
ORLANDO, FL 32818

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000709931
04/25/07-80022-025 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RISPER, BEVERLY 7648 TELFORD COURT ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RISPER, JOHN C. 7648 TELFORD COURT ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FORMOR, PAMELA 7649 TELFORD COURT ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVANS, CHRISTINE V. 2017 LIVINGSTON STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: John C. Risper 3/29/07 (407) 298-5649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #