


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 A
Secretary of State

DOCUMENT # P97000061929

1. Entity Name
ACADEMY 2000, INC.



Principal Place of Business 624 BETHUNE DDRIVE ORLANDO, FL 32805	Mailing Address 7648 TELFORD CT ORLANDO, FL 32818 US
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DO NOT WRITE IN THIS SPACE



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3462366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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 04/01/08-80054-020 158.75

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 **John C. Risper** 3/12/08 **(407) 298-5649**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #