2	005 FOR PROFI ANNUAL	T CORPORA	TION						
DOCUMENT # P99000108167 1. Entity Name 3 R'S ACADEMY, INC.					FILED 05 JUL 19 P:: 4:38				
Principal Place of Business 2604 PASCO ST. TALLAHASSEE, FL 32310		Mailing Address 2604 PASCO ST. TALLAHASSEE, FL 32310							1 00 2 (2.10 2)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07192005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State			4. FEI Number Applied For 59-3613515 Not Applicable				
Zip Country		Zip	Country		5. Certificate of Status Desired			\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New I	Registered A	gent	
MURRAINE, ROBBIE W 1526 S. MERIDIAN ST. TALLAHASSEE, FL FL323-01			Name Street A	Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Code	e
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent		registered office o	-		h, in the State of F	lorida. I am fa	I miliar with,	and accept
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005 OFFICERS AND	9. Election Campal Trust Fund Cont	gn Financing	\$5	.00 May Be led to Fees	In accordance corporation did	with s. 607. I not receive	the prior r	notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAINE, ROBBIE W 1526 S. MERIDIAN ST. TALLAHASSEE, FL 32301		TITLE NAME STREET ADORESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBINSON, FLORENCE C 704 BRAGG DR. TALLAHASSEE, FL 32310	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		8 08/1	00058 6/05010	3 644 21017	□ Change 77783 **150	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					🗋 Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
12. I hereby of indicated of the cor changed. SIGNAT	certify that the information supplied with on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address, URE:	s true and accurate and that r owered to execute this report with all other like empowered $M_{\rm F}M_{\rm H}$	r the exemption sta ny signature shall I as required by Ch WWW OR DIRECTOR	ited in Se have the apter 60	ection 119.07(3) same legal effec 7, Florida Statute	i), Florida Statutes t as if made under s; and that my nar Date	r oath; that 1 a me appears in	fy that the in m an officer Block 10 or ytime Phone #	nformation or director r Block 11 if