


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # V61089
1. Entity Name
THE ACADEMIC ADVANTAGE, INC.



Principal Place of Business Mailing Address
505 JAMES RIVER ROAD 505 JAMES RIVER ROAD
GULF BREEZE, FL 32561 GULF BREEZE, FL 32561



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3139454 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ELAINE
505 JAMES RIVER ROAD
GULF BREEZE, FL 32561

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000102793
04/05/04-80030-012 150.00

10. OFFICERS AND DIRECTORS

TITLE: DPS
NAME: WILLIAMS, ELAINE
STREET ADDRESS: 505 JAMES RIVER ROAD
CITY-ST-ZIP: GULF BREEZE, FL 32561

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
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NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elaine Williams Date: 2-1-04 Daytime Phone #: 850-934-1061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR