

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90073 044 \*\*\*150.00

**DOCUMENT # V61089**

1. Entity Name  
**THE ACADEMIC ADVANTAGE, INC.**



40003031

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

Mailing Address  
**505 JAMES RIVER ROAD  
GULF BREEZE, FL 32561**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.



01132007 Chg-P CR2E034 (12/06)

City & State  
Zip Country

4. FEI Number  
**59-3139454**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WILLIAMS, BELLE  
505 JAMES RIVER RD  
GULF BREEZE, FL 32561**

**7. Name and Address of New Registered Agent**

Name **BELLE WILLIAMS**  
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

**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

**10. OFFICERS AND DIRECTORS**

TITLE **DPS** ☐ Delete  
NAME **WILLIAMS, BELLE**  
STREET ADDRESS **505 JAMES RIVER RD**  
CITY- ST- ZIP **GULF BREEZE, FL 32561**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **CORRECT SPELLING:** ☒ Change ☐ Addition  
NAME **BELLE WILLIAMS**  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 information.

SIGNATURE: **Belle Williams**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-16-07** **830 324-7610**  
Date Date/Phone #