



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 142983		2. Name of Corporation Aim High Academy, Inc.	
3. Street Address Principal Business Office 3355 South County Trail		City East Greenwich	State RI
4. Business Phone No. 401-886-7827		5. State of Incorporation RHODE ISLAND	Zip 02818
6. SIC Code			

Brief Description of the Character of Business Conducted in Rhode Island
PROVIDE INSTRUCTION, EDUCATION AND RECREATIONAL ACTIVITIES FOR YOUTHS

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Amy K. Nelson			Vice President Name Robert S. Nelson, JR.		
Street Address 3355 South County Trail			Street Address 3355 South County Trail		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Robert S. Nelson, Sr.			Treasurer Name Robert S. Nelson, Sr.		
Street Address 3355 South County Trail			Street Address 3355 South County Trail		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818

9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name none			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

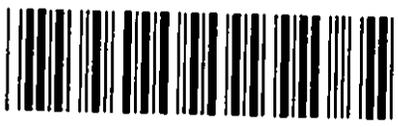
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class Series	Par Value
1,000	NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Number of Shares	Class Series	Par Value
100		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1-28-05
Check No.: 1010
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 1/13/05

Robert S. Nelson, Sr.
Print or Type Name of Officer
Secretary
Title of Officer



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8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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Director Name none			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
1,000	NO PAR VALUE		100		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1-28-05
Check No: 9831
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Robert S. Nelson, Sr. 1/13/05
Signature of Officer Date

Robert S. Nelson, Sr.
Print or Type Name of Officer

Secretary
Title of Officer