2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2009
Secretary of State

DOCUMENT# F08000005328

Entity Name: ADVANCE EDUCATION, INC.

Current Principal Place of Business:

2520 NORTHWINDS PARKWAY, STE 600
ALPHARETTA, GA 30009

New Principal Place of Business:

2520 NORTHWINDS PARKWAY
SUITE 600
ALPHARETTA, GA 30009

Current Mailing Address:

2520 NORTHWINDS PARKWAY, STE 600
ALPHARETTA, GA 30009

New Mailing Address:

2520 NORTHWINDS PARKWAY
SUITE 600
ALPHARETTA, GA 30009

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WENTZ, PAT DR.
11000 UNIVERSITY PARKWAY BLDG 78 ROOM 117B
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: ELGART, MARK A DR.
Address: 1866 SOUTHERN LANE
City-St-Zip: DECATUR, GA 30033

Title: S ( ) Delete
Name: ELGART, MARK A DR.
Address: 1866 SOUTHERN LANE
City-St-Zip: DECATUR, GA 30033

Title: CFO ( ) Delete
Name: ALLEN, MONTY K
Address: 1866 SOUTHERN LANE
City-St-Zip: DECATUR, GA 30033

Title: C ( ) Delete
Name: GOODEN, BENNY DR.
Address: 3205 JENNY LIND, PO BOX 1948
City-St-Zip: FT. SMITH, AR 729021948

Title: V ( ) Delete
Name: CAMPBELL, CAMILLE A
Address: 7027 MILNE BLVD
City-St-Zip: NEW ORLEANS, LA 701242395

Title: D ( ) Delete
Name: CATCHPOLE, JUDY
Address: 322 CARRIAGE CIRCLE
City-St-Zip: CHEYENNE, WY 82009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: ELGART, MARK A DR.
Address: 2520 NORTHWINDS PARKWAY, SUITE 600
City-St-Zip: ALPHARETTA, GA 30009

Title: S (X) Change ( ) Addition
Name: ELGART, MARK A DR.
Address: 2520 NORTHWINDS PARKWAY, SUITE 600
City-St-Zip: ALPHARETTA, GA 30009

Title: CFO (X) Change ( ) Addition
Name: ALLEN, MONTY K
Address: 2520 NORTHWINDS PARKWAY, SUITE 600
City-St-Zip: ALPHARETTA, GA 30009

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONTY K. ALLEN CFO 08/25/2009
Electronic Signature of Signing Officer or Director — Date