2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000037

Entity Name: UNIVERSIDAD CRISTIANA LOGOS, INC

FILED Jan 18, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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8159 ARLINGTON EXPRESSWAY SUITE 29

JACKSONVILLE, FL 32211

JACKSONVILLE, FL 32211

9000 REGENCY SQUARE BLVD.

Current Mailing Address: New Mailing Address:

8159 ARLINGTON EXPRESSWAY SUITE 29

JACKSONVILLE, FL 32211

9000 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32211

FEI Number: 71-0962979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRAVIS, CHARLES 11152 OAK RIDGE DR. SO. JACKSONVILLE, FL 32225 US

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:

City-St-Zip:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D ()Delete Title: ()Change ()Addition

 Name:
 TRAVIS, CHARLES T DR.
 Name:

 Address:
 11152 OAK RIDGE DR. SO.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:

 Title:
 VP/D
 () Delete

 Name:
 SANCHEZ, EDWIN R

 Address:
 1851 OAK WATER DR.

Address: 1851 OAK WATER DR.
City-St-Zip: JACKSONVILLE, FL 32225

Title: S/T () Delete
Name: TRAVIS, DEBORAH A
Address: 11152 OAK RIDGE DR. SO.

JACKSONVILLE, FL 32225

Title: VP/D (X) Change () Addition Name: SANCHEZ, EDWIN R

Address: 1642 BOULDER ST City-St-Zip: JACKSONVILLE, FL 32207

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: E. ROBERTO SANCHEZ VP/D 01/18/2006