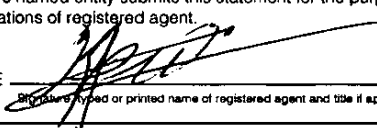
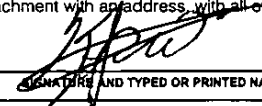


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90244 020 ****61.25

DOCUMENT # N07000011457 1. Entity Name EDISON COLLEGE FINANCING CORPORATION					
Principal Place of Business 8099 COLLEGE PARKWAY FORT MYERS, FL 33919			Mailing Address PO BOX 60210 FORT MYERS, FL 33906		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04212008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 26-1591757	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WALKER, KENNETH P 8099 COLLEGE PARKWAY FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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  Dr. Kenneth P. Walker, President 4-28-08 (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
Mr. Mahlan Houghton, Chair 8099 College Parkway Fort Myers, FL 33919					
Mr. T. Wayne Miller, Vice Chair 8099 College Parkway Fort Myers, FL 33919					
Dr. Kenneth P. Walker, President 8099 College Parkway Fort Myers, FL 33919					
Dr. Noreen Thomas, Treasurer 8099 College Parkway Fort Myers, FL 33919					
Dr. Edith Pendleton, Secretary 8099 College Parkway Fort Myers, FL 33919					
(Empty row for additions)					
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 617, 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: 		Dr. Kenneth P. Walker		(239) 489-9300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	