2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007
Secretary of State

DOCUMENT# N96000002831

Entity Name: SAINT MICHAEL'S COLLEGE, INC.

Current Principal Place of Business:

PO BOX 260473
TAMPA, FL 33685

New Principal Place of Business:

10932 BRIGHTSIDE DR
TAMPA, FL 33624

Current Mailing Address:

PO BOX 260473
TAMPA, FL 33685

New Mailing Address:

FEI Number: 59-3384022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

COMBS, PAUL
10932 BRIGHTSIDE DR
TAMPA, FL 33624 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: DPST ( ) Delete
Name: COMBS, PAUL H REV
Address: 10932 BRIGHTSIDE DR
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: NESMITH, MICHAEL
Address: 710 SALEM RD.
City-St-Zip: CLARKSVILLE, TN 37040

Title: D ( ) Delete
Name: LECLERC, PAMELA ANN
Address: 9236 ESTATE COVE CIR.
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: COMBS, PAUL H REV
Address: 10932 BRIGHTSIDE DR
City-St-Zip: TAMPA, FL 33624

Title: D (X) Change ( ) Addition
Name: SAINT, RICK P REV
Address: 837 ORANGE ST
City-St-Zip: LAKELAND, FL 33801

Title: DS (X) Change ( ) Addition
Name: LECLERC, PAMELA ANN
Address: 9236 ESTATE COVE CIR.
City-St-Zip: RIVERVIEW, FL 33569

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: PAUL H COMBS P 06/18/2007

Electronic Signature of Signing Officer or Director — Date