2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2006
Secretary of State

DOCUMENT# P03000021828

Entity Name: STUDENT SERVICES INTERNATIONAL, INC.

Current Principal Place of Business:

2455 E. SUNRISE BLVD.
SUITE 200
FORT LAUDERDALE, FL 33404

New Principal Place of Business:

Current Mailing Address:

2455 E. SUNRISE BLVD.
SUITE 200
FORT LAUDERDALE, FL 33404

New Mailing Address:

FEI Number: 57-1154486 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEVIN, DESMOND
2455 E. SUNRISE BLVD.
SUITE 200
FORT LAUDERDALE, FL 33404 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEVIN, DESMOND
Address: 2455 E. SUNRISE BLVD. SUITE 200
City-St-Zip: FORT LAUDERDALE, FL 33404

Title: SD ( ) Delete
Name: BRUMLIK, DONALD J
Address: 261 SHOREBREAKER DR
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: V ( ) Delete
Name: LLOYD, ANTHONY D
Address: 2455 E SUNRISE BL # 2000
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DESMOND LEVIN PD 07/04/2006

Electronic Signature of Signing Officer or Director — Date