2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P96000011851

1. Entity Name
NICENE SCHOOLS INTERNATIONAL, INC.

Principal Place of Business
5801 PELICAN BAY BLVD
STE 300
NAPLES FL 34108-2709

Mailing Address
5801 PELICAN BAY BLVD
STE 300
NAPLES FL 34108-2709

2. Principal Place of Business - No P.O. Box#
3. Mailing Address

Suite, Apt., etc.
Suite, Apt., etc.

City & State
City & State

Zip Code
Zip Code

4. FEI Number
65-0649778

5. Certificate of Status Desired
☐ $5.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, GARY K
5801 PELICAN BAY BLVD
STE 300
NAPLES FL 34108-2709

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City
FL
Zip Code

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

☐ $5.00 May Be Added to Fees

FILED
Feb 22, 2007 08:00 AM
Secretary of State

10. OFFICERS AND DIRECTORS

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<tr>
<th>TITLE</th>
<th>NAME</th>
<th>STREET ADDRESS</th>
<th>CITY-STATE-ZIP</th>
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<td>D</td>
<td>EDGAR, PAUL</td>
<td>150 W HIGH ST SOMERSWORTH NH 03878</td>
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<td>CORREA, JOHNN</td>
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<td>D</td>
<td>CLARK, THOMAS III</td>
<td>150 W. HIGH STREET SOMERSWORTH NH 03878</td>
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<table>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with appropriate empowerment.

SIGNATURE: [Signature and Typed or Printed Name of Signing Officer or Director]

2/19/07