

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065398

Entity Name: FLORIDA CAREER COLLEGE, INC.

FILED
May 09, 2007
Secretary of State

Current Principal Place of Business:

3383 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

3383 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

New Mailing Address:

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

Name and Address of Current Registered Agent:

KNOBEL, DAVID
3383 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319 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: DP () Delete
Name: KNOBEL, DAVID
Address: 3383 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: CFO () Delete
Name: MCDOUGALL, JOHN
Address: 3383 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D () Delete
Name: BARBER, JEFFREY S
Address: 125 HIGH STREET SUITE 2500
City-St-Zip: BOSTON, MA 02110

Title: D () Delete
Name: O'TOOLE, LAWRENCE W
Address: 25 BRAINTREE HILL PARK SUITE 407
City-St-Zip: BRAINTREE, MA 02184

Title: S () Delete
Name: LECLAIRE, JOHN R
Address: EXCHANGE PLACE
City-St-Zip: BOSTON, MA 02109

Title: D () Delete
Name: ROBERT, GIOELLA
Address: 157 BITTERSWEET CIRCLE
City-St-Zip: VENETIA, PA 15367

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:

Title: () Change () Addition
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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 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: DAVID KNOBEL

DP

05/09/2007

Electronic Signature of Signing Officer or Director

Date