2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P96000011851

1. Entity Name
NICENE SCHOOLS INTERNATIONAL, INC.

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

DO NOT WRITE IN THIS SPACE

01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0649778
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EDGAR, PAUL
STREET ADDRESS	150 W HIGH ST
CITY-ST-ZIP	SOMERSWORTH, NH 03878
TITLE	D
NAME	CORREIA, JOH
STREET ADDRESS	150 W. HIGH ST.
CITY-ST-ZIP	SOMERSWORTH, NH 03878
TITLE	D
NAME	CLARK, THOMAS III
STREET ADDRESS	150 W. HIGH STREET
CITY-ST-ZIP	SOMERSWORTH, NH 03878
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/26/08-80003-016-150.00

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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 607, 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: _____ March 5, 2008 603-692-2093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #