2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# M04000001044

Entity Name: CHANCELLOR SUPPLEMENTAL EDUCATIONAL SERVICES, LLC

Current Principal Place of Business:

C/O IMAGINE SCHOOLS, INC.
3250 MARY STREET, SUITE 202
COCONUT GROVE, FL 33133

New Principal Place of Business:

1005 N GLEBE RD, STE 610
ARLINGTON, VA 22201

Current Mailing Address:

C/O IMAGINE SCHOOLS, INC.
3250 MARY STREET, SUITE 202
COCONUT GROVE, FL 33133

New Mailing Address:

IMAGINE SCHOOLS, INC
1005 N GLEBE RD, STE 610
ARLINGTON, VA 22201

FEI Number: 20-0863367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: IMAGINE SCHOOLS, INC, .
Address: 1005 NORTH GLEBE ROAD, SUITE 610
City-St-Zip: ARLINGTON, VA 22201

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LENORA FRAZIER WILLIAMS SEC 04/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date