I hereby 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 all other like empowered.

PRESIDENT

SIGNATURE: WILTON PAO

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000005134

Entity Name: 16-14 HOURS CONTINUING EDUCATION SCHOOL, INC.

Current Principal Place of Business:

1150 NW 72ND AVE 720 MIAMI, FL 33126

Current Mailing Address:

1150 NW 72ND AVE 720 MIAMI, FL 33126

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

PAO, WILTON A 1150 NW 72ND AVE 720 MIAMI, FL 33126 US

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:

Officer/Director Detail : Title Р Title Ρ PAO, WILTON A Name Name ALLDAY, ATLANA K 1150 NW 72ND AVE SUITE#720 Address 1150 NW 72ND AVE SUITE#720 Address MIAMI FL 33126 City-State-Zip: MIAMI FL 33126 City-State-Zip:

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

FILED Apr 30, 2014 Secretary of State CC1023648979

> 04/30/2014 Date

Date