


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # 708865 1. Entity Name SAINT LEO UNIVERSITY INCORPORATED	
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Principal Place of Business 33701 SR 52 SAINT LEO, FL 33574	Mailing Address PO BOX 6665 MC 2246 ST. LEO, FL 33574
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03132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1237047	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KIRK, DR ARTHUR F 33701 HWY 52 SAINT LEO, FL 33574	DO NOT WRITE IN THIS SPACE
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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)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000694530 04/17/07-80023-011 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR ARNOLD, FRANK 17728 LONG RIDGE ROAD TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMINGHAM, JOHN A 3000 E PLANO PARKWAY PLANO, TX 70405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVANS, GERMAIN P.O. BOX 40200 SAINT PETERSBURG, FL 337430200
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANNEN, CYNTHIA 3300 SOUTH PLEASANT GROVE ROAD INVERNESS, FL 344527088
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKNER, ROBERT 11 NORTH MAIN STREET BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKRIDGE, THOMAS 283 COY LANE CLAYTON, GA 30525

DO NOT WRITE IN THIS SPACE

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 617, 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:  **Frank Mezzanini** 3/21/07 352-588-8215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #