2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# 758348

Entity Name: FLORIDA ASSOCIATION OF POSTSECONDARY SCHOOLS AND COLLEGES, INC.

Current Principal Place of Business:

150 SOUTH MONROE
SUITE 303
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

150 SOUTH MONROE
SUITE 303
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 59-2444267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIDD, CECIL
150 SOUTH MONROE
SUITE 303
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WADE, MELISSA
Address: 2001 WEST SAMPLE RD SUITE 318
City-St-Zip: POMPANO BEACH, FL 33064

Title: PD ( ) Delete
Name: MCCLOY, AL
Address: 5411 TYSON AVE
City-St-Zip: TAMPA, FL 33611

Title: TD ( ) Delete
Name: DON, SLAYTER
Address: 12689 CHALLENGER PARKWAY, STE 130
City-St-Zip: ORLANDO, FL 32826

Title: S ( ) Delete
Name: AMOR, ALEX
Address: 5555 WEST FLAGLER ST
City-St-Zip: MIAMI, FL 33134

Title: P ( ) Delete
Name: POLMEAR, WILLIAM
Address: 5225 MEMORIAL HWY
City-St-Zip: TAMPA, FL 33634

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
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA TAYLOR D 01/30/2007

Electronic Signature of Signing Officer or Director — Date