2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

V-16813 FILED
May 01, 2006 08:00 AM
Secretary of State
RB 4-21-06

DOCUMENT # F02000002082

1. Entity Name
PARK UNIVERSITY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9757 METCALF AVE. OVERLAND PARK, KS 66212	9757 METCALF AVE. OVERLAND PARK, KS 66212

04212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1830400
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2006

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

U00000549330
05/13/06-80016-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HERSHEY, ROGER W
STREET ADDRESS	8700 N.W. RIVER PARK DRIVE
CITY-ST-ZIP	PARKVILLE, MO 641524358
TITLE	SD
NAME	BYERS-PEVITTS, BEVERLY
STREET ADDRESS	8700 N.W. RIVER PARK DRIVE
CITY-ST-ZIP	PARKVILLE, MO 641524358
TITLE	T
NAME	WATKINS, DORLA D
STREET ADDRESS	8700 N.W. RIVER PARK DRIVE
CITY-ST-ZIP	PARKVILLE, MO 641524358
TITLE	AS
NAME	PEARSON, TERESA
STREET ADDRESS	8700 N.W. RIVER PARK DRIVE
CITY-ST-ZIP	PARKVILLE, MO 641524358
TITLE	DCEO
NAME	HAYS, MICHAEL B
STREET ADDRESS	9757 METCALF AVE.
CITY-ST-ZIP	OVERLAND PARK, KS 66212
TITLE	V
NAME	ROUNDS, PAUL A
STREET ADDRESS	9757 METCALF AVE.
CITY-ST-ZIP	OVERLAND PARK, KS 66212

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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 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: Paul A Rounds 4/24/06 913-967-8599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #