


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90028 013 ***150.00

| | |
|---------------------------------------|---|
| DOCUMENT # F03000003334 |  |
| 1. Entity Name CAMPUS AGENCY, INC. | |

| | |
|--|--|
| Principal Place of Business % CATHY ALEXANDER 712 PRESIDENT STREET BROOKLYN, NY 11215 | Mailing Address % CATHY ALEXANDER 712 PRESIDENT STREET BROOKLYN, NY 11215 |
|--|--|

| | |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



05102006 Chg-P CR2E034 (11/05)

| | |
|-----------------------------|--|
| 4. FEI Number 34-0818608 | Applied For <input type="checkbox"/> Not Applicable |
|-----------------------------|--|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | | | |
|--|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| MATTWAY, EMMA D 5880 MIDNIGHT PASS RD #208 SARASOTA, FL 34242-4107 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL | Zip Code |

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)

| | | |
|---|--|-----------------------------|
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|-----------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--------------------------------------|---|---|
| TITLE | YSTC <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALEXANDER, CATHY | NAME | |
| STREET ADDRESS | 712 PRESIDENT STREET | STREET ADDRESS | |
| CITY-ST-ZIP | BROOKLYN, NY 11215 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 607, 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: *X Cathy Alexander* CATHY ALEXANDER 5/16/06 718-638-0140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40093388
#FO3000003334

May 10, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Please find enclosed the Florida 2006 For Profit Corporation Annual Report. Each year this report has been prepared by my CPA in Cleveland, Ohio and it has been filed by me on a timely basis.

This report was inadvertently not filed on a timely basis this year due to the sickness and death of my CPA's father, who took ill in California and then eventually passed away. Due to the circumstances, we are requesting you to abate the late filing fee of \$400.

Thank you for your consideration in this matter.

Sincerely,

Marc M. Ferber

Marc M. Ferber, CPA

* *Cathy Alexander*
Cathy Alexander