


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2007 08:00 AM**  
**Secretary of State**


**DOCUMENT # F03000005112**

1. Entity Name  
**CAMPUS ADVANTAGE, INC.**



Principal Place of Business <b>110 WILD BASIN RD          STE 365          AUSTIN, TX 78746</b>	Mailing Address <b>110 WILD BASIN RD          STE 365          AUSTIN, TX 78746</b>
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**DO NOT WRITE IN THIS SPACE**



07102007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>72-1555569</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.  
 155 OFFICE PLAZA DR.  
 SUITE A  
 TALLAHASSEE, FL 32301**

**DO NOT WRITE IN THIS SPACE**

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 \$150.00  
 Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

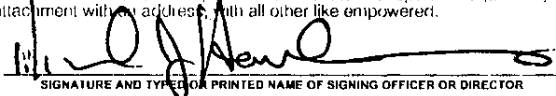
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DCPS PETER, MICHAEL 110 WILD BASIN RD STE 365 AUSTIN, TX 78746
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEO PETER, MICHAEL 110 WILD BASIN RD STE 365 AUSTIN, TX 78746
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DCEO GIBSON, GARY 110 WILD BASIN RD STE 365 AUSTIN, TX 78746
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP HANLY, MICHAEL 110 WILD BASIN RD STE 365 AUSTIN, TX 78746
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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 07/17/07-80002-017 150.00

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 my address, with all other like empowered.

SIGNATURE:  **Michael Hanly**

Date: **7/10/07** District Phone #: **512-472-6222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR