


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000005112

1. Entity Name
 CAMPUS ADVANTAGE, INC.



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



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1555569	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

000000829545
 02/26/08-80045-018 150.00

10. OFFICERS AND DIRECTORS

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

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 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: *Michael Hanly* Michael Hanly 1/23/08 512-472-6666
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #