

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001347

FILED
Mar 23, 2007
Secretary of State

Entity Name: ST. MATTHEW'S UNIVERSITY (CAYMAN) LTD., CORP.

Current Principal Place of Business:

P.O. BOX 32330 SMB
SAFE HAVEN, LEEWARD THREE, GRAND CAYMAN
CAYMAN ISLANDS, FL

New Principal Place of Business:

SAFE HAVEN LEEWARD THREE
GRAND CAYMAN
CAYMAN ISLANDS, FL

Current Mailing Address:

P.O. BOX 32330 SMB
SAFE HAVEN, LEEWARD THREE, GRAND CAYMAN
CAYMAN ISLANDS, FL

New Mailing Address:

FEI Number: 98-0367165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, DARLENE
239 WAVA AVE.
NICEVILLE, FL 32578 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRIS, MICHAEL A
Address: 1005 W. COLLEGE BLVD., SUITE A
City-St-Zip: NICEVILLE, FL 32578

Title: P () Delete
Name: THORNTON, JERRY
Address: 1750 W. BROADWAY STREET, SUITE 222
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: DANIELS, C BRYAN
Address: 191 NORTH WACKER DRIVE STE 800
City-St-Zip: CHICAGO, IL 60606

Title: D () Delete
Name: RODGER, STEVEN C
Address: 41 WEST PUTNAM AVENUE
City-St-Zip: GREENWICH, CT 06830

Title: D () Delete
Name: WECHSLER, JOHN I
Address: 41 WEST PUTNAM AVENUE
City-St-Zip: GREENWICH, CT 06830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: MARVIN, JOHN D
Address: 2847 HAZEL GROVE LANE
City-St-Zip: OVIEDO, FL 32766

Title: CFO (X) Change () Addition
Name: THOMAS, JAMES C
Address: 4847 WALNUT RIDGE RD
City-St-Zip: LAND O'LAKES, FL 34638

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

SIGNATURE: JAMES C THOMAS

CFO

03/23/2007

Electronic Signature of Signing Officer or Director

_____ Date