

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003871

Entity Name: STUDENTCITY.COM, INC.

FILED  
Jul 05, 2007  
Secretary of State

## Current Principal Place of Business:

8 ESSEX CENTER DRIVE  
PEABODY, MA 01960

## New Principal Place of Business:

## Current Mailing Address:

8 ESSEX CENTER DRIVE  
PEABODY, MA 01960

## New Mailing Address:

FEI Number: 04-3491393

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: RICCIARDELLI, MARIO  
Address: 8 ESSEX CENTER DRIVE  
City-St-Zip: PEABODY, MA 01960

Title: T ( ) Delete  
Name: IRWIN, BILL  
Address: 8 ESSEX CENTER DRIVE  
City-St-Zip: PEABODY, MA 01960

Title: D ( ) Delete  
Name: LEWIS, JACQUELINE  
Address: 8 ESSEX CENTER DRIVE  
City-St-Zip: PEABODY, MA 01960

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: BILL IRWIN

T

07/05/2007

Electronic Signature of Signing Officer or Director

Date