2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002776

Entity Name: TOURO COLLEGE, INC.

FILED Jan 11, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
27 WEST 23RD STREET NEW YORK, NY 100104202			1703 WASHINGTON MIAMI BEACH, FL 33		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
27 WEST 23RD STREET NEW YORK, NY 100104202				27 WEST 23RD STREET NEW YORK, NY 100104202 US	
FEI Number	: 13-2676570	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
9200 SOU MIAMI, FL The above	JTH DADELAN 33156 US	BERVICES, INC. ID BLVD., SUITE 508 submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
0.0.0.		nic Signature of Registered Age	ent	 Date	
OFFICER	S AND DIREC			ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P (LANDER, BER 27 WEST 23R NEW YORK, N	D STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCAO (HIRSCHMAN, S 27 WEST 23R NEW YORK, N	D STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCAO (KOBRE, AKIVA 27 WEST 23R NEW YORK, N	D STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCFO (NESS, MELVIN 27 WEST 23R NEW YORK, N	D STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CINER, ALAN 1703 WASHIN) Delete GTON AVENUE FL 331397541	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (SNITOW, FRAI 27 WEST 23R NEW YORK, N	D STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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

SIGNATURE: MELVIN M NESS VCFO 01/11/2006