

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000390

FILED
Feb 17, 2010
Secretary of State

Entity Name: RETENTION EDUCATION, INC.

Current Principal Place of Business:

3990 WESTERLY PLACE
SUITE 270
NEWPORT BEACH, CA 92660

New Principal Place of Business:

Current Mailing Address:

3990 WESTERLY PLACE
SUITE 270
NEWPORT BEACH, CA 92660

New Mailing Address:

FEI Number: 20-5873449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: CHRM
Name: GROUX, WILLIAM G
Address: 3990 WESTERLY PLACE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: PRES
Name: GROUX, WILLIAM G
Address: 3990 WESTERLY PLACE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: CFO
Name: RAMIREZ, AL
Address: 3990 WESTERLY PLACE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: DIR
Name: WASH, DARRYL
Address: 1500 BROADWAY, 14TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: DIR
Name: GROUX, WILLIAM
Address: 3990 WESTERLY PLACE
City-St-Zip: NEWPORT BEACH, CA 92660

Title: DIR
Name: BUCKNER, KAREN
Address: 1033 SKOKIE BOULEVARD, SUITE 430
City-St-Zip: NORTHBROOK, IL 60062

I hereby 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 all other like empowered.

SIGNATURE: AL RAMIREZ

CFO

02/17/2010

Electronic Signature of Signing Officer or Director

Date