2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005346

STEBING, EMILY

LA JOLLA, CA 92037

8767 GILMAN DRIVE, UNIT C

Name:

Address:

City-St-Zip:

Entity Name: ACADEMIC LOAN GROUP, INC.

FILED Jul 10, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	HER ISLAND D SLAND, FL 33			
Current Mailing Address:			New Mailing Address:	
	HER ISLAND D SLAND, FL 33			
FEI Number	r: 20-1322546	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1200 SOU PLANTAT The above	PORATION SY JTH PINE ISLA ION, FL 3332 e named entity e of Florida.	ND ROAD 4 US	purpose of changing its registere	d office or registered agent, or both,
SIGNATU				
Electronic Signature of Registered Ager			jent	Date
	nce with s. 607.19 mpaign Financin	3(2)(b), F.S., the corporation did r	ot receive the prior notice.	
OFFICER	S AND DIREC	y musi ruma communication ().		
	O AND DINEC	•	ADDITIONS/CHANGE	ES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:		TORS:) Delete L SLAND DRIVE	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS
Title: Name: Address:	C (BAKER, PEAR 7752 FISHER FISHER ISLAN	TORS:) Delete L SLAND DRIVE D, FL 33109) Delete S SLAND DRIVE	Title: Name: Address:	
Title: Name: Address: City-St-Zip: Title: Name: Address:	C (BAKER, PEAR 7752 FISHER FISHER ISLAN D (KATZ, MARCU 7752 FISHER FISHER ISLAN P (X MARBIE, PAUL	TORS:) Delete L SLAND DRIVE D, FL 33109) Delete S SLAND DRIVE D, FL 33109) Delete CREEK ROAD	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PEARL BAKER C 07/10/2009