


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90108 026 ***150.00

DOCUMENT # F95000005169 1. Entity Name THE UNIVERSITY OF PHOENIX, INC.					
Principal Place of Business 4615 E. ELWOOD STREET PHOENIX, AZ 85040			Mailing Address 4615 E ELWOOD ST. AA-B306 PHOENIX, AZ 85040		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

04182006 Chg-P CR2E034 (11/05)

4. FEI Number 94-2473210		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____
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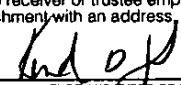
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD NOONE, LAURA PALMER DR 4615 E. ELWOOD STREET PHOENIX, AZ 85040	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS							
CITY - ST - ZIP							
TITLE	SD NELSON, TODD S 4615 E. ELWOOD STREET PHOENIX, AZ 85040	<input checked="" type="checkbox"/> Delete	TITLE	S BRIAN MUELLER 4615 E ELWOOD ST, PHX, AZ 85040	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS							
CITY - ST - ZIP							
TITLE	T GONZALES, KENDA 4615 E. ELWOOD STREET PHOENIX, AZ 85040	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS							
CITY - ST - ZIP							
TITLE	D SPERLING, JOHN 4615 E. ELWOOD ST PHOENIX, AZ 85040	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS							
CITY - ST - ZIP							
TITLE	D FRENCH, DR. MARY JO 4615 E. ELWOOD ST PHOENIX, AZ 85040	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS							
CITY - ST - ZIP							
TITLE	D BOND, RICHARD 4615 E. ELWOOD ST PHOENIX, AZ 85040	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS							
CITY - ST - ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	 KENDA B. GONZALES	4-19-06 Date	480-966-5394 Daytime Phone #
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