

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005894

FILED  
May 15, 2006  
Secretary of State

**Entity Name:** CONTINUING EDUCATION OF SC, INC.

**Current Principal Place of Business:**

917 SYMPHONY ISLES BLVD  
APOLLO BCH, FL 33572 US

**New Principal Place of Business:**

**Current Mailing Address:**

917 SYMPHONY ISLES BLVD  
APOLLO BCH, FL 33572 US

**New Mailing Address:**

**FEI Number:** 57-0988170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MAJOR, NAN E.P.  
917 SYMPHONY ISLES BLVD  
APOLLO BCH, FL 33572 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

**OFFICERS AND DIRECTORS:**

Title: DCP ( ) Delete  
Name: MAJOR, NAN  
Address: 917 SYMPHONY ISLES BLVD  
City-St-Zip: APOLLO BCH, FL 33570

Title: T ( ) Delete  
Name: CISSY, BARR  
Address: GRAN KAYMEN WAY  
City-St-Zip: APOLLO BEACH, FL 33572

Title: S ( ) Delete  
Name: DIANNE, SPARKES  
Address: 7509 REGENTS GARDEN WAY  
City-St-Zip: APOLLO BCH, FL 33572

Title: S ( ) Delete  
Name: WORTNER, LISA  
Address: 915 SYMPHONY ISLES BLVD  
City-St-Zip: APOLLO BEACH, FL 33572 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DCP (X) Change ( ) Addition  
Name: EJNES, WALTER  
Address: 273 MARIE CT.  
City-St-Zip: WEST HEMPSTEAD, NY 11552 US

Title: T (X) Change ( ) Addition  
Name: CARTOLANO, MICHAEL  
Address: 368 N. KENTUCKY AVE  
City-St-Zip: MASSAPEQUA, NY 11758 US

Title: S (X) Change ( ) Addition  
Name: DAVIS, STACIE  
Address: BEVERLY WAY  
City-St-Zip: EAST MEADOW, NY 11554 US

Title: S (X) Change ( ) Addition  
Name: KRAUSE, HENRY J  
Address: 7 UPPER DR.  
City-St-Zip: HUNTINGTON BAY, NY 11743 US

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: WALTER EJNES

DCP

05/15/2006

Electronic Signature of Signing Officer or Director

Date