2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003986

)CUMENT# F96000003966

Entity Name: SCHOLARSHIP AMERICA, INC.

FILED May 23, 2007 Secretary of State

Current Pri	ncipal Place of Business:	New Principal	Place of Business:
ONE SCHOLARSHIP WAY SAINT PETER, MN 56082			
Current Mailing Address:		New Mailing Address:	
ONE SCHOLARSHIP WAY SAINT PETER, MN 56082			
FEI Number: 04-2296967 FEI Number Applied For () FEI Number Not Applicabl 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: LUTGEN, CAROL 904 WALKER LOOP LADY LAKE, FL 321627489 US 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.			
SIGNATUR	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete STANLEY, CLIFFORD ONE SCHOLARSHIP WAY SAINT JAMES, MN 56081	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	VP () Delete LASSERE, DONALD E ONE SCHOLARSHIP WAY ST PETER, MN 56082	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete O/KANE, MICHAEL 13 CHESTER RD UPPER MONTCLAIR, NJ 07043	Address: ONE	FO (X) Change () Addition ENEY, ANNE ACFO E SCHOLARSHIP WAY PETER, MN 56082
Title: Name: Address: City-St-Zip:	D () Delete BILLINGS, SHIRLI 11 KESWICK COMMONS NEW ALBANY, OH 43054	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	T () Delete MCGRATH, PHYLLIS 140 WESTPORT TURNPIKE FAIRFIELD, CT 06430	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D () Delete SCHWAB, RICHARD ONE SCHOLARSHIP WAY SAINT PETER, MN 56082	Title: Name: Address: City-St-Zip:	()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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE CHENEY ACFO 05/23/2007