

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2007 8:00 am
Secretary of State

07-31-2007 90008 005 ***550.00

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1. Entity Name
ASPECT EDUCATION, INC.



4012100-

Principal Place of Business
**1531 CHAPALA
SUITE 1
SANTA BARBARA, CA 93101**

Mailing Address
**1531 CHAPALA
SUITE 1
SANTA BARBARA, CA 93101**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

07102007 Chg-P CR2E034 (12/06)

4. FEI Number
94-2918435

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **S** ☐ Delete
STREET ADDRESS **HARRINGTON SCHERZ, MARSHA**
CITY-ST-ZIP **3700 STATE ST #210
SANTA BARBARA, CA 93101**

TITLE
NAME **P** ☐ Delete
STREET ADDRESS **JONES, DAVID**
CITY-ST-ZIP **3700 STATE ST #210
SANTA BARBARA, CA 93101**

TITLE
NAME **CFO** ☒ Delete
STREET ADDRESS **JONES, ANDREW**
CITY-ST-ZIP **SHEPHERDS WEST ROCKLEY ROAD
LONDON, ENGLAND, 1400A**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **MARSHA HARRINGTON SCHERZ**
STREET ADDRESS **1531 CHAPALA SUITE 1**
CITY-ST-ZIP **SANTA BARBARA, CA 93101**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **DAVID JONES**
STREET ADDRESS **1531 CHAPALA SUITE 1**
CITY-ST-ZIP **SANTA BARBARA, CA 93101**

TITLE **CFO** ☐ Change ☒ Addition
NAME **ROBERT REGAN**
STREET ADDRESS **SHEPHERDS WEST ROCKLEY ROAD**
CITY-ST-ZIP **LONDON, ENGLAND W14 0DA**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ANDREW S. ROSEN**
STREET ADDRESS **888 SEVENTH AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10106**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **JOHAN DE MUNCK KEIZER**
STREET ADDRESS **SEVENTH AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10106**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ROBERT L. LANE**
STREET ADDRESS **SEVENTH AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10106**

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:

MARSHA HARRINGTON SCHERZ

7/27/07

(805) 564-8330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #