

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-22-2006 90021 012 ***150.00

DOCUMENT # G42199 1. Entity Name UNIVERSITY STUDIES IN AMERICA, INC.					
Principal Place of Business C/O WEIDENBACH & COMPANY, P.A. 1560 CAPITAL CIRCLE N.W. SUITE 16 TALLAHASSEE, FL 32303 US			Mailing Address C/O WEIDENBACH & COMPANY, P.A. 1560 CAPITAL CIRCLE N.W. SUITE 16 TALLAHASSEE, FL 32303 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEIDENBACH, WILLIAM JR. 1560 CAPITAL CIR NW STE 16 TALLAHASSEE, FL 32303			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 reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WEIDENBACH, WILLIAM JR.		NAME		
STREET ADDRESS	1560 CAPITAL CIR NE, STE 16		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL		CITY - ST - ZIP		
TITLE	VPSD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MARGOLIS, JACQUELINE		NAME		
STREET ADDRESS	1560 CAPITAL CIRCLE NE, STE 16		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32303		CITY - ST - ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MARGOLIS, GERARD		NAME		
STREET ADDRESS	1560 CAPITAL CIR NW, STE 16		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32303		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u><i>W Weidenbach Jr</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF THE OFFICER OR DIRECTOR			Date: <u>3-27-06</u> Daytime Phone #: <u>850-576-1118</u>		