2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G93306

Entity Name: SUNSTATE COLLEGE, INC.

FILED Jan 09, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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3910 RIGA BLVD. 1685 MEDICAL LANE TAMPA, FL 33619 FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

3910 RIGA BLVD. 1685 MEDICAL LANE TAMPA, FL 33619 FORT MYERS, FL 33907

FEI Number: 59-2390702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SLATER, WAYNE A
3910 RIGA BLVD
TAMPA, FL 33619 US
JONES, GREGORY H
1685 MEDICAL LANE
FORT MYERS, FL 33907 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.

SIGNATURE: GREGORY H. JONES 01/09/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST () Delete Title: PDST (X) Change () Addition Name: SLATER, WAYNE A Name: JONES, GREGORY H Address: 1503 LILY POND COURT

Address: 6213 TANAGER PLACE Address: 1503 LILY POND COURT City-St-Zip: TAMPA, FL 33617 City-St-Zip: FORT MYERS, FL 33907

Title: DIR () Delete Title: () Change () Addition Name: JONES, DONALD C Name:

Address: 2350 BEDMAN CREEK Address: City-St-Zip: ALVA, FL 33920 City-St-Zip:

Title: DIR () Delete Title: () Change () Addition

 Inte.
 DIR
 () Delete
 Inte.

 Name:
 JONES, SHARON B
 Name:

 Address:
 2350 BEDMAN CREEK
 Address:

 City-St-Zip:
 ALVA, FL 33920
 City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY H. JONES PRES 01/09/2006