2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# K01681

Entity Name: FIRST COAST COLLEGE, INC.

Current Principal Place of Business:

5373 LENOX AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

332 SOUTH NINE DRIVE
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

5373 LENOX AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

332 SOUTH NINE DRIVE
PONTE VEDRA BEACH, FL 32082

FEI Number: 59-2855843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGNER, SHARON R.
5373 LENOX AVENUE
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

WAGNER, SHARON R
332 SOUTH NINE DRIVE
PONTE VEDRA BEACH, FL 32082 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: SHARON R. WAGNER 04/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: WAGNER, SHARON R
Address: 5373 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D/T ( ) Delete
Name: WAGNER, EDWARD JAMES,
Address: 5373 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32082

Title: S/D ( ) Delete
Name: HERSEY, LOUISE
Address: 5373 LENOX AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: WAGNER, GARY L
Address: 332 SOUTH NINE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: DIR (X) Change ( ) Addition
Name: WAGNER, EDWARD J
Address: 332 SOUTH NINE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S/T (X) Change ( ) Addition
Name: WAGNER, SHARON R
Address: 332 SOUTH NINE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: GARY L. WAGNER PRES 04/16/2007
Electronic Signature of Signing Officer or Director Date