


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90007 005 ***150.00

DOCUMENT # K74996 1. Entity Name AMERICAN COMPOSITE EDUCATION, INC.	
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Principal Place of Business 2336 SE OCEAN BLVD #156 STUART, FL 34996	Mailing Address 2336 SE OCEAN BLVD #156 STUART, FL 34996
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2. Principal Place of Business - No P.O. Box # 325 Sunrise Ave	3. Mailing Address 325 Sunrise Ave
Suite, Apt. #, etc. Suite 2244	Suite, Apt. #, etc. Suite 2244

02182007 Chg-P CR2E034 (12/06)

City & State Palm Beach, FL	City & State Palm Beach FL
Zip 33480	Zip 33180

4. FEI Number 65-0111887	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent MORENA, DIANE P 2336 SE OCEAN BLVD # 156 STUART, FL 34996	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 325 Sunrise Ave Suite 2244 City Palm Beach FL Zip Code 33480
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P MORENA, DIANE P	<input type="checkbox"/>
NAME	2336 SE OCEAN BLVD #156	
STREET ADDRESS	STUART, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	325 Sunrise Ave Suite 2244	<input checked="" type="checkbox"/>	
NAME	Palm Beach FL 33480		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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: Diane P. Morona Date: 2/25/07 Daytime Phone #: 631 807-0300