2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L06000102667

Entity Name: NEW ENGLAND EDUCATION GROUP, LLC

Current Principal Place of Business:

6333 MEMORIAL HWY
TAMPA, FL 33615

New Principal Place of Business:

CRA. 14 NO. 93 B - 32
503
BOGOTA, CO BOGOTA CO

Current Mailing Address:

5805 BLUE LAGOON DRIVE
STE 200
MIAMI, FL 33126

New Mailing Address:

FEI Number: 68-0637769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AG CORPORATE SERVICES, LLC
5805 BLUE LAGOON DRIVE
STE 200
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	BARBOSA LUQUE, ALFREDO	
Address:	CRA. 14 # 93 B 32 OF 503	
City-St-Zip:	BOGOTA, . COLOMBIA	
Title:	MGR	( ) Delete
Name:	CIFUENTES, EMPERATRIZ	
Address:	CRA. 14 # 93 B 32 OF 503	
City-St-Zip:	BOGOTA, . COLOMBIA	
Title:	MGR	( ) Delete
Name:	BARBOSA, MARCELA	
Address:	CRA. 14 # 93 B 32 OF 503	
City-St-Zip:	BOGOTA, . COLOMBIA	
Title:	MGR	( ) Delete
Name:	BARBOSA, CRISTINA	
Address:	CRA. 14 # 93 B 32 OF 503	
City-St-Zip:	BOGOTA, . COLOMBIA	
Title:	MGR	( ) Delete
Name:	DELGADO, JULIO	
Address:	CRA. 14 # 93 B 32 OF 503	
City-St-Zip:	BOGOTA, . COLOMBIA	
Title:	MGR	( ) Delete
Name:	VILLALOBOS, RAFAEL	
Address:	CRA. 14 # 93 B 32 OF 503	
City-St-Zip:	BOGOTA, . COLOMBIA	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	BARBOSA, CRISTINA	
Address:	CRA. 14 # 93 B 32 OF 503	
City-St-Zip:	BOGOTA, . COLOMBIA	
Title:	MGR	(X) Change ( ) Addition
Name:	BARBOSA, MARCELA	
Address:	CRA. 14 # 93 B 32 OF 503	
City-St-Zip:	BOGOTA, . COLOMBIA	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALFREDO BARBOSA P 04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date