2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# L07000056133

Entity Name: AMERICAN DEGREE LINK, L.L.C.

Current Principal Place of Business:

160 NW 176 STREET, STE. 202
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

18926 NW 56 CT
OPA LOCKA, FL 33055

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NAPOLEON, JHONSON
18926 NW 56 CT
OPA LOCKA, FL 33055 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: NAPOLEON, JHONSON
Address: 18926 NW 56 CT
City-St-Zip: OPA LOCKA, FL 33055 US

Title: MGRM ( ) Delete
Name: NAPOLEON, BETSY F
Address: 18926 NW 56 CT
City-St-Zip: OPA LOCKA, FL 33055 US

ADDITIONS/CHANGES:

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: JHONSON NAPOLEON MGR 08/31/2009

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