

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L95388

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE COLLEGE LIVING EXPERIENCE, INC.

Current Principal Place of Business:

6555 NOVA DRIVE
SUITE 300
DAVIE, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

1321 MURFREESBORO PIKE
SUITE 702
NASHVILLE, TN 37217 US

New Mailing Address:

FEI Number: 65-0216678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
2731 EXECUTIVE PARK DRIVE
STE. 4
WESTON, FL 33331 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLAYPOOL, MARK K
Address: 1321 MURFREESBORO PIKE SUITE 702
City-St-Zip: NASHVILLE, TN 37217

Title: SD () Delete
Name: WHITFIELD, DONALD B
Address: 1321 MURFREESBORO PIKE SUITE 702
City-St-Zip: NASHVILLE, TN 37217

Title: V () Delete
Name: SKELTON, BRYAN
Address: 1321 MURFREESBORO RD SUITE 702
City-St-Zip: NASHVILLE, TN 37217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: DONALD WHITFIELD

SD

04/30/2009

Electronic Signature of Signing Officer or Director

Date