2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000238

Entity Name: ROSS EDUCATION, LLC

WASSON, JEFFREY L

SOUTHFIELD, MI 48075

19900 WEST 9 MILE ROAD, SUITE 200

Name:

Address:

City-St-Zip:

FILED Jan 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 300 SOUTH RIVERSIDE AVENUE, SUITE 1 ST. CLAIR, MI 48079 **Current Mailing Address: New Mailing Address:** 300 SOUTH RIVERSIDE AVENUE, SUITE 1 ST. CLAIR, MI 48079 FEI Number: 20-2154596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MITCHELL, PAUL Name: Name: 19900 WEST 9 MILE ROAD, SUITE 200 Address: Address: City-St-Zip: SOUTHFIELD, MI 48075 City-St-Zip: Title: MGR () Delete Title: () Change () Addition DEMKOWICZ, BRIAN A Name: Name: Address: 19900 WEST 9 MILE ROAD, SUITE 200 Address: City-St-Zip: SOUTHFIELD, MI 48075 City-St-Zip: Title: MGR () Delete Title: () Change () Addition HIGGINS, JOHN C Name: Name: 19900 WEST 9 MILE ROAD, SUITE 200 Address: Address: City-St-Zip: SOUTHFIELD, MI 48075 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: KENNEDY, JOSEPH A III Name: Address: 19900 WEST 9 MILE ROAD, SUITE 200 Address: City-St-Zip: SOUTHFIELD, MI 48075 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHONY IAQUINTO CFO 01/20/2006