## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004731

Entity Name: WESTERN GENERAL EDUCATION, INC.

FILED Mar 01, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

14627 NW 7TH AVENUE MIAMI, FL 33168

Current Mailing Address: New Mailing Address:

14627 NW 7TH AVENUE MIAMI, FL 33168

FEI Number: 65-1023981 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:

VALSAINT, JEAN R

18346 NW 68TH AVENUE

APT. #G

MIAMI, FL 33015 US

VALSAINT, JEAN R

7745 NW 23RD STREET

PEMBROKE PINES, FL 33024 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: DR JEAN VALSAINT 03/01/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 VALSAINT, ROSE M
 Name:
 VALSAINT, JEAN R

 Address:
 18346 NW 68TH AVENUE, APT. #G
 Address:
 7745 NW 23RD STREET

City-St-Zip: MIAMI, FL 33015 Address: 7745 NW 25RD 5TREET

City-St-Zip: PEMBROKE PINES, FL 33024

Title: SD ( ) Delete Title: VP (X) Change ( ) Addition Name: DRICE, NAOMIE Name: VALSAINT, ROSE M

 Address:
 1845 NW 55TH STREET
 Address:
 7745 NW 23RD STREET

 City-St-Zip:
 MIAMI, FL 33142
 City-St-Zip:
 PEMBROKE PINES, FL 33024

 Name:
 VALSAINT, JEÁN R
 Name:
 DRICE, NAOMÍE

 Address:
 18346 NW 68TH AVENUE, APT. #G
 Address:
 1845 NW 55TH STREET

 City-St-Zip:
 MIAMI, FL 33015
 City-St-Zip:
 MIAMI, FL 33142

Title: ( ) Delete Title: S ( ) Change (X) Addition

 Name:
 Name:
 DRICE, NAOMIE

 Address:
 Address:
 1845 NW 55TH STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33142

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR JEAN VALSAINT P 03/01/2006