

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004731

FILED
Apr 13, 2008
Secretary of State

Entity Name: WESTERN GENERAL EDUCATION, INC.

Current Principal Place of Business:

14627 NW 7TH AVENUE
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

14627 NW 7TH AVENUE
MIAMI, FL 33168

New Mailing Address:

FEI Number: 65-1023981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALSAINT, JEAN R
7745 NW 23RD STREET
PEMBROKE PINES, FL 33024 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALSAINT, JEAN R
Address: 7745 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP () Delete
Name: VALSAINT, ROSE M
Address: 7745 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: T () Delete
Name: DRICE, NAOMIE
Address: 1845 NW 55TH STREET
City-St-Zip: MIAMI, FL 33142

Title: S () Delete
Name: VALSAINT, JAONE
Address: 1845 NW 55TH STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: VALSAINT, JOANE
Address: 14627 NW 7TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: S (X) Change () Addition
Name: VALSAINT, NERLA
Address: 14627 NW 7TH AVENUE
City-St-Zip: MIAMI, FL 33142

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 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

04/13/2008

Electronic Signature of Signing Officer or Director

Date