


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # N00000006754
 1. Entity Name
 CARDINAL GIBBONS HIGH SCHOOL, INC.



Principal Place of Business
 2900 NE 47TH ST
 FT LAUDERDALE, FL 33308

Mailing Address
 2900 NE 47TH ST
 FT LAUDERDALE, FL 33308



01162008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 65-1151624

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, J PATRICK
 110 MERRICK WAY, SUITE 3-B
 MIAMI, FL 33143

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	KELLY, VINCENT T REV
STREET ADDRESS	9401 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	TD
NAME	VAUGHAN, JOHN J REV
STREET ADDRESS	9401 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI SHORESE, FL 33138
TITLE	D
NAME	HENNESSEY, WILLIAM J REV
STREET ADDRESS	9401 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	PD
NAME	OTT, PAUL D
STREET ADDRESS	2900 NE 47TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	V
NAME	SCHRAMKO, MARIE
STREET ADDRESS	2900 NE 47TH ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/29/08-80017-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul D. Ott Paul D. Ott 1/17/08 954-491-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #