2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005452

FILED Jul 18, 2008 Secretary of State

Entity Name: JACKSONVILLE COLLISION REPAIR EDUCATION FOUNDATION, INC.

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

C/O STEPHEN CAREY 5859 WENDING DR

5859 WENDING DR JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244

New Mailing Address: Current Mailing Address:

PO BOX 7911

JACKSONVILLE, FL 32238

FEI Number: 59-3735012 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AKEL, EDWARD C CAREY, STEPHEN L 5859 WENDING DR ONE INDEPENDENT DR., STE. 2301

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32244 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: STEPHEN L CAREY 07/18/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

SWANN, BILL CAREY, STEPHEN L Name: Name: 4301 UNIVERSITY BLVD S Address: 5859 WENDING DR Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32244

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

Name: WEISS, ROBERT Name: WEISS, ROBERT Address: 7600 BAILEY BODY ROAD Address: 7600 BAILY BODY ROAD City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: JACKSONVILLE, FL 32216

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

CAREY, STEPHEN Name: Name: 5859 WENDING DR Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN L CAREY DP 07/18/2008