2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004
Secretary of State

DOCUMENT# N02000003844

Entity Name: MERIDIAN COLLEGE, INC.

Current Principal Place of Business:

10210 HIGHLAND MANOR DRIVE
SUITE 200
TAMPA, FL 336109712

New Principal Place of Business:

3910 RIGA BLVD.
TAMPA, FL 33619 US

Current Mailing Address:

10210 HIGHLAND MANOR DRIVE
SUITE 200
TAMPA, FL 336109712

New Mailing Address:

3910 RIGA BLVD.
TAMPA, FL 33619 US

FEI Number: 03-0491126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, DONALD C
10210 HIGHLAND MANOR DRIVE
SUITE 200
TAMPA, FL 336109712

Name and Address of New Registered Agent:

JONES, DONALD C
3910 RIGA BLVD
TAMPA, FL 33619 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: _____ 01/16/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: JONES, DONALD C
Address: 2350 BEDMEN CREEK RD
City-St-Zip: ALVA, FL 33920

Title: PD ( ) Delete
Name: SLATER, WAYNE A
Address: 6213 TANAGER PL
City-St-Zip: TAMPA, FL 33617

Title: VP ( ) Delete
Name: JONES, GREGORY H
Address: 2200 HARPER COVE LN
City-St-Zip: ALVA, FL 33920

Title: T ( ) Delete
Name: JONES, SHARON B
Address: 2350 BEDMAN CREEK RD
City-St-Zip: ALVA, FL 33920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WAYNE A. PD 01/16/2004
Electronic Signature of Signing Officer or Director — Date