2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N02000005532

Entity Name: THE COLLEGIATE LEARNING EXCHANGE INC.

Current Principal Place of Business:

2755 N. BAY RD.
MIAMI BCH, FL 33140

New Principal Place of Business:

Current Mailing Address:

2755 N. BAY RD.
MIAMI BCH, FL 33140

New Mailing Address:

FEI Number: 02-0637274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALBUT, ABRAHAM
4770 BISCAYNE BLVD.,400
MIAMI, FL 33137 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: DP ( ) Delete
Name: KURLANSKY, PAUL
Address: 2755 N. BAY RD.
City-St-Zip: MIAMI BCH, FL 33140

Title: DVP ( ) Delete
Name: BELEFER, BENJAMIN
Address: 9 ISLAND AVE., #614
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: COIFFMAN, BERNARDO
Address: 4259 NAUTILUS DR.
City-St-Zip: MIAMI BCH, FL 33140

Title: D ( ) Delete
Name: KARL, ROBERT
Address: 6500 S.W. 114TH STREET
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: GALBUT, ABRAHAM A
Address: 4770 BISCAYNE BLVD., 400
City-St-Zip: MIAMI, FL 33137

Title: D ( ) Delete
Name: WEIN, LEONARD
Address: 3005 FLAMINGO DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

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:

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 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: ABRAHAM A GALBUT D 04/24/2007
Electronic Signature of Signing Officer or Director — Date