

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 25, 2010**  
**Secretary of State**

DOCUMENT# N02000005532

**Entity Name:** THE COLLEGIATE LEARNING EXCHANGE INC.**Current Principal Place of Business:**4900 PINE TREE DR.  
MIAMI BCH, FL 33140**New Principal Place of Business:**300 71ST ST  
STE 605  
MIAMI BEACH, FL 33141**Current Mailing Address:**4900 PINE TREE DR.  
MIAMI BCH, FL 33140**New Mailing Address:**COLLEGIATE LEARNING EXCHANGE, INC.  
PO BOX 403547  
MIAMI BEACH, FL 33140**FEI Number:** 02-0637274**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GALBUT, ABRAHAM A  
4770 BISCAYNE BLVD., 1400  
MIAMI, FL 33137 US**Name and Address of New Registered Agent:**LAPCIUC, MARCOS  
4990 PINE TREE DR  
MIAMI BEACH, FL 33140 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: MARCOS LAPCIUC

07/25/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: ZIDELL, YAAKOV  
Address: 300 71ST ST  
City-St-Zip: MIAMI BEACH, FL 33141

Title: DVPT  
Name: ASLY, DARIUS  
Address: PO BOX 403547  
City-St-Zip: MIAMI BEACH, FL 33140

Title: DS  
Name: GARFINKLE, JOSHUA  
Address: 20625 NE 22ND PL  
City-St-Zip: MIAMI, FL 33180

Title: D  
Name: LAPCIUC, MARCOS  
Address: 4900 PINE TREE DR  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D  
Name: BEHAR, SABY  
Address: 690 W 83RD ST  
City-St-Zip: HIALEAH, FL 33014

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

I hereby 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 all other like empowered.

SIGNATURE: DARIUS ASLY

DVPT

07/25/2010

Electronic Signature of Signing Officer or Director

Date

N02000005532  
07/25/2010**COLLEGIATE LEARNING EXCHANGE, INC.  
FLORIDA NON PROFIT CORPORATION**DOCUMENT NUMBER **N02000005532**ANNUAL REPORT ONLINE FILING CONFIRMATION NUMBER **800183663618****ADDITIONAL DIRECTORS**

7. TITLE: D  
NAME: BENALLOUN, ALBERTO  
ADDRESS: 777 W 41ST ST, 2ND FL  
CITY-ST-ZIP: MIAMI BEACH, FL 33140
8. TITLE: D  
NAME: YARUS, GARY  
ADDRESS: 330 W 45TH ST  
CITY-ST-ZIP: MIAMI BEACH, FL 33140
9. TITLE: D  
NAME: HERSSEIN, HILLEL  
ADDRESS: 4516 PINE TREE DR  
CITY-ST-ZIP: MIAMI BEACH, FL 33140
10. TITLE: D  
NAME: KALOS, SHMUEL  
ADDRESS: 625 W 42ND ST  
CITY-ST-ZIP: MIAMI BEACH, FL 33140
11. TITLE: D  
NAME: DR. GREENSTEIN, MEL  
ADDRESS: 5990 SW 130TH TER  
CITY-ST-ZIP: MIAMI, FL 33156
12. TITLE: D  
NAME: DR. EDDERAI, JEAN-JACQUES  
ADDRESS: 17101 NE 19TH AVE, STE 104  
CITY-ST-ZIP: NORTH MIAMI BEACH, FL 33162