

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 09, 2011
Secretary of State

DOCUMENT# N02000005532

Entity Name: THE COLLEGIATE LEARNING EXCHANGE INC.**Current Principal Place of Business:**300 71ST ST
STE 605
MIAMI BEACH, FL 33141**New Principal Place of Business:**505 W 47TH ST
MIAMI BEACH, FL 33140**Current Mailing Address:**COLLEGIATE LEARNING EXCHANGE, INC.
PO BOX 403547
MIAMI BEACH, FL 33140**New Mailing Address:**505 W 47TH ST
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:**LAPCIUC, MARCOS
4990 PINE TREE DR
MIAMI BEACH, FL 33140 US**Name and Address of New Registered Agent:**ASLY, DARIUS ESQ
19 W FLAGLER ST, STE 211
MIAMI, FL 33130 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: DARIUS ASLY

08/09/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: POMPER, MARK DR
Address: 505 W 47TH ST
City-St-Zip: MIAMI BEACH, FL 33140

Title: DT
Name: DIAMOND, JUSTIN
Address: 505 W 47TH ST
City-St-Zip: MIAMI BEACH, FL 33140

Title: DS
Name: STRAZ, JAMIE
Address: 505 W 47TH ST
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: MARK POMPER

DT

08/09/2011

Electronic Signature of Signing Officer or Director

Date