

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007423

FILED
Feb 12, 2011
Secretary of State

Entity Name: TEREM EDUCATION SERVICES, INC.

Current Principal Place of Business:

6407 FOXBURY RIDGE LANE
RIVERVIEW, FL 33578

New Principal Place of Business:

2715 ANGELMIST CT
MASCOTTE, FL 34753

Current Mailing Address:

PO BOX 89965
TAMPA, FL 33689

New Mailing Address:

PO BOX 15322
TALLAHASSEE, FL 32317

FEI Number: 52-2379215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, EDDIE J II
1873 RIDGEVALLEY STREET
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

WHITE, EDDIE J II
2715 ANGELMIST CT
MASCOTTE, FL 34753 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: EDDIE J. WHITE, II

02/12/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WHITE, MARY L
Address: 2715 ANGELMIST CT
City-St-Zip: MASCOTTE, FL 34753

Title: VPD
Name: WHITE, EDDIE J II
Address: 2715 ANGELMIST CT
City-St-Zip: MASCOTTE, FL 34753

Title: TD
Name: JERALD, WHITE
Address: 2715 ANGELMIST CT
City-St-Zip: MASCOTTE, FL 34753

Title: D
Name: ADAMS, GARY
Address: 2715 ANGELMIST CT
City-St-Zip: MASCOTTE, FL 34753

Title: SD
Name: ROBERTS, DELL
Address: 9022 FOXWOOD DR
City-St-Zip: TALLAHASSEE, FL 32309

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: MARY WHITE

PD

02/12/2011

Electronic Signature of Signing Officer or Director

Date