


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90006 013 \*\*\*\*61.25

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DOCUMENT # N04000001069					
1. Entity Name HIGHER EDUCATION PARTNERSHIP FOR SOUTHEAST FLORIDA INC.					
Principal Place of Business <del>BARRY UNIVERSITY - SCHOOL OF ADULT &amp; CONTINUING EDUCATION 11300 NE 2ND AVE MIAMI SHORES, FL 33161-6695</del>			Mailing Address <del>BARRY UNIVERSITY - SCHOOL OF ADULT &amp; CONTINUING EDUCATION 11300 NE 2ND AVE MIAMI SHORES, FL 33161-6695</del>		
2. Principal Place of Business - No P.O. Box # <b>5079 N. DIXIE HIGHWAY</b>		3. Mailing Address <b>5079 N. DIXIE HIGHWAY</b>			
Suite, Apt. #, etc. <b># 301</b>		Suite, Apt. #, etc. <b># 301</b>			
City & State <b>OAKLAND PARK, FL</b>		City & State <b>OAKLAND PARK, FL</b>		4. FEI Number <b>20-0706933</b>	
Zip <b>33334</b>	Country <b>USA</b>	Zip <b>33334</b>	Country <b>USA</b>	Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCLAUGHLIN, HEIDI M <del>BARRY UNIVERSITY - SCHOOL OF ADULT &amp; CONTINUING EDUCATION 11300 NE 2ND AVE MIAMI SHORES, FL 33161-6695</del> <b>5079 N. DIXIE HIGHWAY #301</b> <b>OAKLAND PARK, FL 33334</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>5079 N. DIXIE HIGHWAY #301</b> City <b>OAKLAND PARK FL</b> Zip Code <b>33334</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCLAUGHLIN, HEIDI M BARRY UNIV, 11300 NE 2ND AVE MIAMI SHORES, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MENDEZ, GISELLE KAPLAN UNIVERSITY 6409 CONGRESS AVE BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JANA DEBOW NOVA SOUTHEASTERN UNIV. 3970 RCA BLVD. SUITE 7000, PALM BEACH GARDENS, FL 33410		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COS SCHOLASTICO, KRISTIN ST. THOMAS UNIVERSITY 16401 NW 37 AVE MIAMI GARDENS, FL 33054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	COS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SILVIA ROXANNA SCHUMANN-LYNN UNIV. 3601 N. MILITARY TRAIL BOCA RATON, FL 33431-5598		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COS CURINGTON-DEBOW, JANE NOVA SOUTHERN UNIVERSITY 3301 COLLEGE AVE DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	COS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GINO GALLI - BROWARD COMMUNITY COLLEGE 111 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ANTCZAK, LAURA FAU 2912 COLLEGE AVE DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LOZANO, LUIS <input checked="" type="checkbox"/> Delete 16853 NE 2ND AVE #102 MIAMI, FL 33162	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Heidi M. McLaughlin</i> HEIDI M. MCLAUGHLIN 2/2/07 305-899-4046					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					