

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003716

FILED  
Jan 03, 2007  
Secretary of State

**Entity Name:** CULTURAL EDUCATION SERVICES INTERNATIONAL, INC.

**Current Principal Place of Business:**

920A NORTH GRAYCROFT AVE.  
MADISON, TN 37115

**New Principal Place of Business:**

**Current Mailing Address:**

920A NORTH GRAYCROFT AVE.  
MADISON, TN 37115

**New Mailing Address:**

**FEI Number:** 59-3722248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRAWFORD, JOHN R  
225 WATER STREET., SUITE 900  
JACKSONVILLE, FL 32202 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: D ( ) Delete  
Name: PIERCE, GUY  
Address: 920A N. GRAYCROFT AVE  
City-St-Zip: MADISON, TN 37115

Title: PD ( ) Delete  
Name: BAXTER, MARK  
Address: P.O. BOX 351869  
City-St-Zip: JACKSONVILLE, FL 32235

Title: S ( ) Delete  
Name: HENSZ, BETH  
Address: P.O. BOX 351869  
City-St-Zip: JACKSONVILLE, FL 32235

Title: T ( ) Delete  
Name: WALLING, JESSICA  
Address: P.O. BOX 351869  
City-St-Zip: JACKSONVILLE, FL 32235

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GUY PIERCE

D

01/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date