2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007
Secretary of State

DOCUMENT# N05000007906

Entity Name: CALVARY HEALTH CAREER INSTITUTE, INC.

Current Principal Place of Business:

540 NORTHWEST 165TH STREET ROAD
SUITE 207
NORTH MIAMI BEACH, FL 33169

New Principal Place of Business:

Current Mailing Address:

540 NORTHWEST 165TH STREET ROAD
SUITE 207
NORTH MIAMI BEACH, FL 33169

New Mailing Address:

FEI Number: 20-3869247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RASHEED, OSHOKOYA
540 NW 165 STREET ROAD
207
N. MIAMI BEACH, FL 33169 US

Name and Address of New Registered Agent:

FEMI, LAWAL
540 NW 165 STREET ROAD
207
N. MIAMI BEACH, FL 33169 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: FEMI LAWAL 05/22/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OSHOKOYA, RASHEED O
Address: 540 NORTHWEST 165TH STREET ROAD, SUITE 100
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: D (X) Delete
Name: OSHOKOYA, PATIENCE A
Address: 540 NORTHWEST 165TH STREET ROAD, SUITE 100
City-St-Zip: NORTH MIAMI BEACH, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LAWAL, FEMI O
Address: 540 NORTHWEST 165TH STREET ROAD, SUITE 100
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FEMI LAWAL PD 05/22/2007
Electronic Signature of Signing Officer or Director Date