

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008280

FILED
Apr 30, 2008
Secretary of State

Entity Name: CAREY INTERNATIONAL UNIVERSITY OF THEOLOGY, INC.

Current Principal Place of Business:

TELECOM CENTER
1931 WELBY WAY, SUITE 4
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

TELECOM CENTER
1931 WELBY WAY, SUITE 4
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, EARLE E
41 N. 20TH STREET, #17
HAINES CITY, FL 338444638 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: HEGEMAN, NEAL
Address: 14860 SOUTH WEST, 149TH STREET
City-St-Zip: MIAMI, FL 33196 US

Title: D () Delete
Name: PENHEAROW, BOB
Address: 47 KEYS CRESCENT
City-St-Zip: GUELPH, ONTARIO, CA N1G 57J CA

Title: D () Delete
Name: VERDONE, JOHN
Address: 26 FORSTER DRIVE
City-St-Zip: GUELPH, ONTARIO, CA N1G 4CB CA

Title: D () Delete
Name: BARNES, RONALD
Address: 288 COLBURN STREET
City-St-Zip: ELORA, ONTARIO, CA N0B 1S0 CA

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 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: BOB PENHEAROW

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date