2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# N05000010887

Entity Name: RISE EDUCATION SCHOOLS INC.

Current Principal Place of Business:

4065 HAVERHILL ROAD
SUITE 257
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

4065 HAVERHILL ROAD
SUITE 257
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 20-4731861 **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:

MORTON, CARMELLA DR.
574 CRESTA CIR
WEST PALM BEACH, FL 33413 US

Name and Address of New Registered Agent:

MORTON, CARMELLA DR.
2215 STOTESBURY WAY
WELLINGTON, FL 33414 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: CARMELLA MORTON 07/03/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: MORTON, CARMELLA
Address: 574 CRESTA CIR
City-St-Zip: WEST PALM BEACH, FL 33413

Title: CHR (X) Delete
Name: BOYKIN, WADE
Address: HOWARD UNIVERSITY
City-St-Zip: WASHINGTON, DC 20008

Title: VCH (X) Delete
Name: BOSS, MARION
Address: UNIVERSITY OF TOLEDO
City-St-Zip: TOLEDO, OH 43606

Title: SEC (X) Delete
Name: MORTON, RICK SR.
Address: 574 CRESTA CIR
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MORTON, CARMELLA
Address: 2215 STOTESBURY WAY
City-St-Zip: WELLINGTON, FL 33414

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: DR. CARMELLA MORTON PRES 07/03/2007
Electronic Signature of Signing Officer or Director Date