2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# N06000011913

Entity Name: STUDENT RESOURCES CORPORATION

Current Principal Place of Business:

10960 ECHO LOOP
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

1694 LAGO VISTA BLVD
PALM HARBOR, FL 34685

Current Mailing Address:

334 EAST LAKE RD
#172
PALM HARBOR, FL 34685

New Mailing Address:

1694 LAGO VISTA BLVD
PALM HARBOR, FL 34685

FEI Number: 20-5923004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CD ( ) Delete
Name: PURSLEY, JOHN B SR
Address: 10956 ECHO LOOP
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD ( ) Delete
Name: PURSLEY, NANCY
Address: 10956 ECHO LOOP
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: TED ( ) Delete
Name: PURSLEY, JOSEPH A
Address: 1694 LAGO VISTA BLVD
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: PURSLEY, JOHN B SR
Address: 10960 ECHO LOOP
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: SD (X) Change ( ) Addition
Name: PURSLEY, NANCY J
Address: 10960 ECHO LOOP
City-St-Zip: NEW PORT RICHEY, FL 34654

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: JOSEPH A. PURSLEY TED 03/02/2009

Electronic Signature of Signing Officer or Director — Date