

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 21, 2007**  
**Secretary of State**

DOCUMENT# N06000012024

**Entity Name:** TELIOS UNIVERSITY, INC.**Current Principal Place of Business:**1015 ATLANTIC BLVD., STE. 291  
JACKSONVILLE, FL 33541**New Principal Place of Business:****Current Mailing Address:**1015 ATLANTIC BLVD., STE. 291  
JACKSONVILLE, FL 33541**New Mailing Address:****FEI Number:** 20-8479402**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**GILDART, SHARON  
34605 ROSEBUD ROW  
ZEPHYRHILLS, FL 33541 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: LYONS, BYRON P.  
Address: 15 PINE CREST ST.  
City-St-Zip: FREDERICTON, NB, CA., E3B5E3

Title: D ( ) Delete  
Name: SAWLER, RUTH  
Address: 37 CLARK ST.  
City-St-Zip: HARTLAND, NB CA, E7P 1L3,

Title: D ( ) Delete  
Name: GILDART, SHARON  
Address: 34605 ROSEBUD ROW  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: P ( ) Delete  
Name: OLIVER, ALSTON W.  
Address: 106 OAK ST.  
City-St-Zip: MILFORD, ME 04461

Title: T ( ) Delete  
Name: OLIVER, THERESA F.  
Address: 106 OAK ST.  
City-St-Zip: MILFORD, ME 04461

**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:

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: ALSTON W. OLIVER

P

05/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date