

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2008
Secretary of State**

DOCUMENT# N07000010326

Entity Name: PATRONS OF HIGHER EDUCATION, INC.

Current Principal Place of Business:

17475 TIFFANY TRACE DR.
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

17475 TIFFANY TRACE DR.
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 26-1421221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, NINA
17475 TIFFANY TRACE DR.
BOCA RATON, FL 33487 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: TURNER, NINA
Address: 17475 TIFFANY TRACE DR.
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: FARRAR, DENNIS
Address: 8815 SONOMA LAKES BLVD.
City-St-Zip: BOCA RATON, FL 33434

Title: D () Delete
Name: JEAN, LUCINDA
Address: 4171 SW MCCRORY ST.
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Delete
Name: WOLFKILL, JESSICA
Address: 17065-82ND RD. NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

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: NINA TURNER

D

01/04/2008

Electronic Signature of Signing Officer or Director

Date