2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010995

Entity Name: ENVISION COLLEGE NOW, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7057 WILLOWWOOD ST. ORLANDO, FL 32818

Current Mailing Address: New Mailing Address:

7057 WILLOWWOOD ST. ORLANDO, FL 32818

FEI Number: 26-1386585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PATTERSON, NATASHA 7057 WILLOWWOOD ST. ORLANDO, FL 32818

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete PATTERSON, NATASHA Name: Name: 7057 WILLOWWOOD ST. Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition CUNNINGHAM, DAVID Name: Name:

Address: 15045 WILLOW LANE Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip:

Title: () Delete Title: () Change () Addition

CUNNINGHAM, MOLLIE Name: Name: 15045 WILLOW LANE Address: Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

Name: Name: JENKINS, NATE III 857 CANEEL BAY TERRACE Address: Address:

City-St-Zip: City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete Title: () Change (X) Addition

REYNOLDS, ANGELIQUE M Name: Name: P.O. BOX 781074 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32878

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: NATASHA PATTERSON PF 04/29/2008