

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011323

FILED
Apr 30, 2008
Secretary of State

Entity Name: COMPANY ETUDES, INC.

Current Principal Place of Business:

1408 MILTON ST.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 181116
TALLAHASSEE, FL 32318

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNOWDEN, MEREDITH W
215 S. MONROE ST., 2ND FLOOR
TALLAHASSEE, FL 32301 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: PT () Delete
Name: WALKER-LAVETTE, ALLIE
Address: 505 TERRACE ST.
City-St-Zip: TALLAHASSEE, FL 32308

Title: V () Delete
Name: RANFT, ANNETTE
Address: 8720 SPRING SHORE
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: MCLANAHAN, HOLLI
Address: 4247 LITTLE OSPREY DR.
City-St-Zip: TALLAHASSEE, FL 32303

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:

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: ALLIE WALKER-LAVETTE

PT

04/30/2008

Electronic Signature of Signing Officer or Director

Date