

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011864

FILED
Apr 25, 2008
Secretary of State

Entity Name: UNIVERSITY OF SCIENCE, ARTS & TECHNOLOGY, INC.

Current Principal Place of Business:

1564 OAKADIA LANE
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

1564 OAKADIA LANE
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 26-1573511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUFMANN, BRUCE
1564 OAKADIA LANE
CLEARWATER, FL 33764 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: KAUFMANN, BRUCE
Address: 1564 OAKADIA LANE
City-St-Zip: CLEARWATER, FL 33764

Title: D () Delete
Name: TULP, ORIEN
Address: BOX 506, SOUTH MAYFIELD ESTATE DRIVE
City-St-Zip: OLVSTON, MONTERRAT, WEST,

Title: D () Delete
Name: DISTEFANO, JOSEPH
Address: 6776 54TH AVE N
City-St-Zip: ST PETERSBURG, FL 33709

Title: D () Delete
Name: KONYK, CARLA M
Address: 39 SANDLING WAY, ST MARY'S ISLAND
City-St-Zip: CHATHAM, KENT, UK ME4342,

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: BRUCE KAUFMANN

D

04/25/2008

Electronic Signature of Signing Officer or Director

Date