2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N07000011864

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 (X)**

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, MONTSERRAT, 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:	D	(X) Change ( ) Addition
Name:	TULP, ORIEN	
Address:	BOX 506, SOUTH MAYFIELD ESTATE DRIVE	
City-St-Zip:	OLVSTON, MONTSERRAT, WEST, OO 00000 MS	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	KONYK, CARLA M	
Address:	BOX 506, SOUTH MAYFIELD ESTATE DRIVE	
City-St-Zip:	OLVSTON, MONTSERRAT, WEST, OO 00000 MS	

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: CARLA M. KONYK DIR 04/30/2009

Electronic Signature of Signing Officer or Director — Date