2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# N08000006930

Entity Name: COLLEGEPATH, INC.

Current Principal Place of Business:

89 SWALLOW DRIVE
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

89 SWALLOW DRIVE
BOYNTON BEACH, FL 33436

New Mailing Address:

PO BOX 243333
BOYNTON BEACH, FL 33424 US

FEI Number: 26-2623205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COUSINS, PATRICK S ESQ
915 N. DIXIE HWY.
WEST PALM BEACH, FL 33401 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: PVPS ( ) Delete
Name: WILLIAMS, KIMBA M
Address: 89 SWALLOW DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD ( ) Delete
Name: WILLIAMS, KIMBA M
Address: 89 SWALLOW DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete
Name: BLANK, MEREDITH A
Address: 7840 GREAT OAK DRIVE
City-St-Zip: LAKE WORTH, FL 33467

Title: D ( ) Delete
Name: JAMES, KEISHA
Address: 3105 SOLDIER TRAIL
City-St-Zip: MARIETTA, GA 30068

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: D ( ) Change (X) Addition
Name: CRUZ, SAMUEL
Address: PO BOX 328
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: KIMBA M WILLIAMS P 05/20/2009

Electronic Signature of Signing Officer or Director — Date