2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003272

FILED Mar 28, 2007 Secretary of State

Entity Name: UNIVERSITY CONSORTIUM OF THE AMERICAS, INC.

Current Principal Place of Business: New Principal Place of Business:

244 SHOPPING AVE SUITE 364 SARASOTA, FL 34237

Current Mailing Address: New Mailing Address:

C/O DR. BERNARD 244 SHOPPING AVE #364 SARASOTA, FL 34327 US

FEI Number: 65-0675395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

C/O DR. BERNARD
244 SHOPPING AVE
SUITE 364
SARASOTA, FL 34327 US

C/O DR. BERNARD
244 SHOPPING AVE
SUITE 364
SUITE 364
SARASOTA, FL 34237 US

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: 03/28/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:PD (X) Change () AdditionName:BERNARD, PROSPER M DR.Name:BERNARD, PROSPER M DR.Address:3128 LAMPLIGHTERAddress:244 SHOPPING AVE APT 364City-St-Zip:SARASOTA, FLCity-St-Zip:SARASOTA, FL 34237

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

 Name:
 PROSPER, BERNARD
 Name:

 Address:
 15 HYACINTH DR. APT 3B
 Address:

 City-St-Zip:
 FORDS, NJ 08863
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: BERNARD, FRANCINE D (X) Change () Addition Name: BERNARD, FRANCINE

 Address:
 3128 LAMPLIGUTER
 Address:
 244 SHOPPING AVE APT 364

 City-St-Zip:
 SARASOTA, FL 34234
 City-St-Zip:
 SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify for the 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: PROSPER BERNARD PRES 03/28/2007