

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002442

FILED
Jul 06, 2005
Secretary of State

Entity Name: COLLEGE ASSIST, INC.

Current Principal Place of Business:

12794 FOREST HILL BLVD
SUITE 21
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

12794 FOREST HILL BLVD SUITE 35
WELLINGTON, FL 33414

New Mailing Address:

12794 FOREST HILL BLVD
SUITE 21
WELLINGTON, FL 33414

FEI Number: 65-0370463 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:

MCLEAN, GLENNA
12794 FOREST HILL BLVD SUITE 35
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

MCLEAN, GLENNA
12794 FOREST HILL BLVD
SUITE 21
WELLINGTON, FL 33414 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:

07/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: MCLEAN, GLENNA
Address: 12794 FOREST HILL BLVD SUITE 21
City-St-Zip: WELLINGTON, FL 33414

Title: DS () Delete
Name: BORGHESE, VINCENT
Address: 12794 FOREST HILL BLVD SUITE 35
City-St-Zip: WELLINGTON, FL 33414

Title: V () Delete
Name: MUNNA, MICHAEL
Address: 12794 FOREST HILL BLVD SUITE 35
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: FINE, HERBERT L
Address: 505 ROYAL PALM BEACH BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33411

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 for the exemption stated in Section 119.07(3)(i), 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: GLENNA A. MC LEAN

DIR

07/06/2005

Electronic Signature of Signing Officer or Director

Date