2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N97000002442

Entity Name: COLLEGE ASSIST, INC.

Current Principal Place of Business:

12794 FOREST HILL BLVD
SUITE 21
WELLINGTON, FL 33414

New Principal Place of Business:

12794 FOREST HILL BLVD
SUITE 17
WELLINGTON, FL 33414

Current Mailing Address:

12794 FOREST HILL BLVD
SUITE 21
WELLINGTON, FL 33414

New Mailing Address:

12794 FOREST HILL BLVD
SUITE 17
WELLINGTON, FL 33414

FEI Number: 65-0370463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

IVERSON, JONATHAN
1560 WINDORAH WAY
A
WEST PALM BEACH, FL 33411 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: PD ( ) Delete
Name: IVERSON, JONATHAN
Address: 1560 WINDORAH WAY UNIT A
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SD ( ) Delete
Name: IVERSON, RACHAEL
Address: 1560 WINDORAH WAY UNIT A
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD ( ) Delete
Name: MCLAUGHLIN, BRYANT
Address: 5992 S.W. MARKET ST.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: MCLAUGHLIN, BRYAN
Address: 5992 S.W. MARKET ST.
City-St-Zip: PALM CITY, FL 34990

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: JONATHAN IVERSON PD 01/22/2009
Electronic Signature of Signing Officer or Director — Date