

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001581

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** VIRTUAL EDUCATION, INC.

**Current Principal Place of Business:**

607 ST. ANDREWS DRIVE  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

607 ST. ANDREWS DRIVE  
SARASOTA, FL 34243

**New Mailing Address:**

**FEI Number:** 59-3507779

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBINSON, MICHELLE  
607 ST. ANDREWS DRIVE  
SARASOTA, FL 34243 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  
**Name:** ROBINSON, MICHELLE  
**Address:** 607 ST. ANDREWS DRIVE  
**City-St-Zip:** SARASOTA, FL 34243

**Title:** PD  
**Name:** SLIDER, ROBERT  
**Address:** 607 ST. ANDREWS DRIVE  
**City-St-Zip:** SARASOTA, FL 34243

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT SLIDER

PD

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date