

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000783

FILED
Apr 30, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA EDGE-U-CATION, INC.

Current Principal Place of Business:

4882 S SEMORAN BLVD
UNIT 1401
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

4882 SOUTH SEMORAN BLVD
UNIT 1401
ORLANDO, FL 32822

New Mailing Address:

4882 S SEMORAN BLVD
UNIT 1401
ORLANDO, FL 32822

FEI Number: 59-3708452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILEY, SHARON L
4882 S SEMORAN BLVD
UNIT 1401
ORLANDO, FL 32822 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: WILEY, SHARON
Address: 4882 S. SEMORAN BLVD. UNIT 1401
City-St-Zip: ORLANDO, FL 32822

Title: TD () Delete
Name: WILEY, VERSIE
Address: 4882 S. SEMORAN BLVD. UNIT 1401
City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete
Name: HILL, MICHEAL
Address: 4882 S. SEMORAN BLVD., UNIT 1401
City-St-Zip: ORLANDO, FL 32822

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:

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: SHARON L. WILEY

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date