2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101810

Entity Name: MAGELLAN EDUCATIONAL SERVICES, INC.

FILED Apr 05, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
8380 BAYMEADOWS RD STE 17 JACKSONVILLE, FL 32256		STE 704	10550 DEERWOOD PARK BLVD STE 704 JACKSONVILLE, FL 32256	
Current Mailing Address:		New Mailing Address:		
P.O. BOX 551509 JACKSONVILLE, FL 322	55			
FEI Number: 59-3757355	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
KELLISON, LEE G ESQ 6817 SOUTHPOINT PKWY. STE 603 JACKSONVILLE, FL 32216 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.				

Election Campaign Financing Trust Fund Contribution ().

SIGNATURE:

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: P () Delete Title: P (X) Change () Addition

Name: BLITCH, LORRIE J Name: BLITCH, THOMAS A
Address: 8380 BAYMEADOWS RD STE 17 Address: 10550 DEERWOOD PARK BLVD STE 704

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

Title: ST () Delete Title: ST (X) Change () Addition

Name: BLITCH, THOMAS A Name: BLITCH, THOMAS A

Electronic Signature of Registered Agent

Address: 8380 BAYMEADOWS RD STE 17 Address: 10550 DEERWOOD PARK BLVD STE 704

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A BLITCH P 04/05/2006