2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2006 08:00 AM Secretary of State DOCUMENT # P02000068643 CENTER FOR SHORT COURSES, INC. Principal Place of Business Mailing Address PO BOX 731403 172 DEER LAKE CIR ORMOND BCH, FL 32173-1403 ORMOND BCH, FL 32174 No Chg-P CR2E034 (11/05) 03202006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1650587 Not Applicate \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOZNIAK, DANIEL F DO NOT WRITE 172 DEER LAKE CIR ORMOND BCH, FL 32174 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and fille it applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE WOZNIAK, DANIEL F NAME 172 DEER LAKE CIR STREET ADDRESS CITY-ST-ZIP ORMOND BCH, FL 32174 31715 WOZNIAK, HELEN L NAME STREET ADDRESS 172 DEER LAKE CIR CITY-ST-ZIP ORMOND BCH, FL 32174 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS C)TY-57-Z)P 31TLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CATY-ST-TIP

Lawel Juanust

4/3/06

386-677-021

FILED