


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000021828**

1. Entity Name  
STUDENT SERVICES INTERNATIONAL, INC.



Principal Place of Business 2455 E. SUNRISE BLVD. SUITE 200 FORT LAUDERDALE, FL 33404.	Mailing Address 2455 E. SUNRISE BLVD. SUITE 200 FORT LAUDERDALE, FL 33404
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04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 57-1154486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LEVIN, DESMOND  
2455 E. SUNRISE BLVD.  
SUITE 200  
FORT LAUDERDALE, FL 33404

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000931478  
05/22/08 20016-015-150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVIN, DESMOND 2455 E. SUNRISE BLVD. SUITE 200 FORT LAUDERDALE, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRUMLIK, DONALD J 609 CALLE JUAREZ SAN CLEMENTE, CA 92673
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ **4/22/08** **9545658505 X28**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #