

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000072996

FILED
Apr 10, 2006
Secretary of State

Entity Name: COMPETENCY EDUCATION REFERRAL SERVICE, INC.

Current Principal Place of Business:

8764 MIDNIGHT PASS ROAD
A 404
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

PO BOX 18354
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 51-0509068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICK, MANOLUKAS
8764 MIDNIGHT PASS RD
A 404
SARASOTA, FL 34242 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANOLUKAS, NICK G
Address: 8764 MIDNIGHT PASS ROAD
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANOLUKAS, NICK G
Address: 8764 MIDNIGHT PASS ROAD A404
City-St-Zip: SARASOTA, FL 34242

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: NICK MANOLUKAS

P

04/10/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date