


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90073 041 ***150.00

DOCUMENT # P05000007726 1. Entity Name KHEC-FLORIDA, INC.					
Principal Place of Business 1400 HEMBREE RD SUITE 100 ROSWELL, GA 30076			Mailing Address 1400 HEMBREE RD SUITE 100 ROSWELL, GA 30076		
2. Principal Place of Business - No P.O. Box # 6301 Kaplan University Ave.		3. Mailing Address 3705 Brookside Parkway			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 150			
City & State Fl. Lauderdale, FL		City & State Alpharetta, GA		4. FEI Number 20-2173096	
Zip 33309		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 30022		Country USA		6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324	
7. Name and Address of New Registered Agent Name 		Street Address (P.O. Box Number is Not Acceptable) 			
City 		State FL			
Zip Code 					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME KERBER, GARY STREET ADDRESS 1400 HEMBREE RD SUITE 100 CITY-ST-ZIP ROSWELL, GA 30076	<input checked="" type="checkbox"/> Delete		TITLE Assistant Treasurer NAME Kevin Corser STREET ADDRESS 3750 Brookside Parkway, Suite 150 CITY-ST-ZIP Alpharetta, GA 30022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VCFO NAME SEELYE, MATTHEW STREET ADDRESS 1400 HEMBREE RD SUITE 100 CITY-ST-ZIP ROSWELL, GA 30076	<input type="checkbox"/> Delete		TITLE 6301 Kaplan University Ave. NAME Fl. Lauderdale, FL 33309 STREET ADDRESS 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME DILLON, VERONICA STREET ADDRESS 888 7TH AVE CITY-ST-ZIP NEW YORK, NY 10106	<input checked="" type="checkbox"/> Delete		TITLE President NAME Jeff Conlon STREET ADDRESS 311 S. Wacker CITY-ST-ZIP Chicago, IL 60607	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME ROSEN, ANDREW STREET ADDRESS 888 7TH AVE CITY-ST-ZIP NEW YORK, NY 10106	<input type="checkbox"/> Delete		TITLE CEO NAME 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HAMACHEK, ROSS STREET ADDRESS 888 7TH AVE CITY-ST-ZIP NEW YORK, NY 10106	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Robert Lane STREET ADDRESS 888 Seventh Ave. CITY-ST-ZIP New York, NY 10106	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 life empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-27-07		
Kevin Corser			Daytime Phone # 770-776-5069		