2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000076984

FILED May 01, 2011 Secretary of State

Entity Name: FLORIDA SCHOOL OF PROFESSIONAL LICENSING, INC.

| Current Principal Place of Business: | | New Principal Place o | New Principal Place of Business: | |
|--|-------------------------------|-------------------------------|---|--|
| 5161 NW 87 AVE LAUDERHILL, FL 33351 | | | | |
| Current Mailing Address: | | New Mailing Address: | New Mailing Address: | |
| 5161 NW 87 AVE LAUDERHILL, FL 33351 | | | | |
| FEI Number: 20-4957312 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| BOLLES, RICHARD A 5161 NW 87 AVE LAUDERHILL, FL 33351 | 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. | | | | |
| SIGNATURE: | | | | |
| Electronic | c Signature of Registered Age | nt | Date | |

OFFICERS AND DIRECTORS:

Title: SCTY

 Name:
 BOWLES, ASHLEY J

 Address:
 5161 NW 87 AVE

 City-St-Zip:
 LAUDERHILL, FL 33351

I hereby 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 all other like empowered.

SIGNATURE: ASHLEY BOWLES SCTY 05/01/2011