

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 07, 2008
Secretary of State**

DOCUMENT# P07000048557

Entity Name: EDU24 CORP

Current Principal Place of Business:

1136 NE PINE ISLAND ROAD
STE 162
CAPE CORAL, FL 33909 US

New Principal Place of Business:

Current Mailing Address:

1136 NE PINE ISLAND ROAD
STE 162
CAPE CORAL, FL 33909 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA UNIVERSITY OF MEDICINE INC.
1136 NE PINE ISLAND ROAD
STE 162
CAPE CORAL, FL 33909 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: FLORIDA UNIVERSITY O, F MEDICINE, IN C .
Address: 1136 PINE ISLAND ROAD, STE 162
City-St-Zip: CAPE CORAL, FL 33909

I hereby certify that the information supplied with this filing does not qualify 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: WALT SCHMIDT

D

05/07/2008

Electronic Signature of Signing Officer or Director

Date