

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048557

FILED
Jan 12, 2009
Secretary of State

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:

37 N ORANGE AVE
SUITE 500
ORLANDO, FL 32801 US

Current Mailing Address:

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

New Mailing Address:

37 N ORANGE AVE
SUITE 500
ORLANDO, FL 32801 US

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:

FLORIDA UNIVERSITY OF MEDICINE INC.
37 N ORANGE AVE
SUITE 500
ORLANDO, FL 32801 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: _____ 01/12/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: FLORIDA UNIVERSITY O, F MEDICINE, IN C .
Address: 37 ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801 US

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

Title: P () Change (X) Addition
Name: LOHMEYER, BERND PROF.DR
Address: 37 ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801 US

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: BERND LOHMEYER P 01/12/2009
Electronic Signature of Signing Officer or Director Date