

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048557

FILED  
Apr 27, 2012  
Secretary of State

Entity Name: EDU24 CORP

**Current Principal Place of Business:**

37 N ORANGE AVE  
SUITE 500  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

37 N ORANGE AVE  
SUITE 500  
ORLANDO, FL 32801 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.  
37 N ORANGE AVE  
SUITE 500  
ORLANDO, FL 32801 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

**OFFICERS AND DIRECTORS:**

Title: VP  
Name: FLORIDA UNIVERSITY OF MEDICINE, INC.  
Address: 37 ORANGE AVE.  
City-St-Zip: ORLANDO, FL 32801 US

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

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: BERND LOHMEYER

P

04/27/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date