2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006935

Entity Name: SOUTH FLORIDA EDUCATIONAL INSTITUTE INC.

FILED Mar 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

817 S. UNIVERSITY DR., SUITE 102 817 SO. UNIVERSITY DRIVE PLANTATION, FL 33324

SUITE 102

PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

817 S. UNIVERSITY DR., SUITE 102 817 SO. UNIVERSITY DRIVE SUITE 102 PLANTATION, FL 33324

PLANTATION, FL 33324

BLISS, JEFFREY D

FEI Number: 26-2156854 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLISS, JEFFREY D 817 S. UNIVERSITY DR., SUITE 102

817 S. UNIVERSITY DRIVE PLANTATION, FL 33324 SUITE 102

PLANTATION, FL 33324 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: 03/18/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

BLISS, JEFFREY D Name: Name: BLISS, JEFFREY D

817 S. UNIVERSITY DR., SUITE 102 817 S. UNIVERSITY DR., SUITE 102 Address: Address:

City-St-Zip: PLANTATION, FL 33324 City-St-Zip: PLANTATION, FL 33324

() Delete Title: Title: MS. (X) Change () Addition

Name: BLISS, LONDA D Name: BLISS, LONDA D

817 S. UNIVERSITY DR., SUITE 102 817 S. UNIVERSITY DR., SUITE 102 Address: Address:

PLANTATION, FL 33324 PLANTATION, FL 33324 City-St-Zip: City-St-Zip:

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: LONDA D. BLISS SECY 03/18/2008