

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24270

FILED
Apr 14, 2006
Secretary of State

Entity Name: COMMUNITY EDUCATIONAL TELEVISION, INC.

Current Principal Place of Business:

10902 S. WILCREST
HOUSTON, TX 77099 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 721800
HOUSTON, TX 77272 US

New Mailing Address:

FEI Number: 33-0046339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNOWDEN, COLETTE
3101 EMERSON EXPRESSWAY
JACKSONVILLE, FL 32207 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: PD () Delete
Name: CHERRY, REGINALD B M.D
Address: 5114 MULBERRY GROVE DR.
City-St-Zip: KINGWOOD, TX US

Title: VD () Delete
Name: CROUCH, PAUL F.,
Address: 1973 PORT CHELSEA PL
City-St-Zip: NEWPORT BEACH, CA US

Title: STD () Delete
Name: BROWN, RUTH
Address: 17 BAHIA
City-St-Zip: IRVINE, CA 92714 US

Title: AS () Delete
Name: HICKEY, TERRENCE
Address: 1762 ROANOKE
City-St-Zip: TUSTIN, CA US

Title: VD () Delete
Name: CROUCH, JAN
Address: 1973 PORT CHELSEA
City-St-Zip: NEWPORT BEACH, CA US

Title: AS () Delete
Name: BROWN, ALLAN
Address: 17 BAHAI
City-St-Zip: IRVINE, CA 92714 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINALD B. CHERRY, M.D.

PD

04/14/2006

Electronic Signature of Signing Officer or Director

Date