2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24270

Apr 25, 2008 Secretary of State

Entity Name: COMMUNITY EDUCATIONAL TELEVISION, INC.

Current Principal Place of Business:		New Principal Place of Business:
10902 S. WILCREST HOUSTON, TX 77099	US	

Current Mailing Address: New Mailing Address:

PO BOX 721800 HOUSTON, TX 77272 US

FEI Number: 33-0046339 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:

SNOWDEN, COLETTE 3101 EMERSON EXPRESSWAY JACKSONVILLE, FL 32207

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete CHERRY, REGINALD B M.D. CHERRY, REGINALD B M.D. Name: Name: Address: 5114 MULBERRY GROVE DR. Address: 1405 WEST CENTER ST, STE 208 City-St-Zip: KINGWOOD, TX US City-St-Zip: GREENWOOD, AR 72936 US Title: VD () Delete Title: EVD (X) Change () Addition

CROUCH, PAUL F., Name: Name: CROUCH, PAUL F Address: 1973 PORT CHELSEA PL Address: 1973 PORT CHELSEA PL City-St-Zip: NEWPORT BEACH, CA US City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: STD () Delete Title: () Change () Addition

BROWN, RUTH Name: Name: Address: 17 BAHIA Address: City-St-Zip: IRVINE, CA 92714 US City-St-Zip:

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

CASORIA, JOHN B Name: HICKEY, TERRENCE Name: 1762 ROANOKE 2442 MICHELLE DR Address: Address: City-St-Zip: TUSTIN, CA US City-St-Zip: TUSTIN, CA 92780 US

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

CROUCH, JAN CROUCH, JAN Name: Name: 1973 PORT CHELSEA 1973 PORT CHELSEA Address: Address:

City-St-Zip: NEWPORT BEACH, CA US City-St-Zip: NEWPORT BEACH, CA 92660 US

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

BROWN, ALLAN Name: Name: Address: 17 BAHAI Address: IRVINE, CA 92714 US 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY HULQUIST BΑ 04/25/2008

Electronic Signature of Signing Officer or Director

Date