2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000042381

Entity Name: REMINGTON COLLEGE-TAMPA CAMPUS, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
2410 E. BUSCH BLVD. TAMPA, FL 33612				6302 MARTIN LUTHER KING JR. BLVD TAMPA, FL 33619		
Current Mailing Address:			New Mail	New Mailing Address:		
500 INTERNATIONAL PKWY SUITE 200 HEATHROW, FL 32746 US						
FEI Number: 59-3317757 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US The charge parted entity submits this statement for the purpose of changing its registered effice or registered agent, or both						
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			t	Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DRV ()E NALL, HIRAM 3110 HAYES RD HOUSTON, TX 7		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	CAMP, CHARLES	NAL PKWY STE 200	Title: Name: Address: City-St-Zip:	SGC (X) Change () Addition CAMP, CHARLES R 500 INTERNATIONAL PKWY STE 200 : HEATHROW, FL 32746		
Title: Name: Address: City-St-Zip:	LUTZ, ROBERT	Delete NAL PKWY STE 200 32746	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DRVO ()E ZUAIGZNE, TODI 500 INTERNATIO HEATHROW, FL	D NAL PKWY SUITE 200	Title: Name: Address: City-St-Zip:	DRVO (X) Change () Addition ZVAIGZNE, TODD 500 INTERNATIONAL PKWY SUITE 200 : HEATHROW, FL 32746		
Title: Name: Address: City-St-Zip:	FORREST, JACK	NAL PKWY STE 200	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ALLISON, REID	Delete INAL PKWY STE 200 32746	Title: Name: Address: City-St-Zip:	() Change () Addition		

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: CHARLES R. CAMP SGC 04/15/2009