## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 11, 2005 8:00 am DOCUMENT # P96000062616 **Secretary of State** 1. Entity Name 02-11-2005 90050 010 \*\*\*150.00 FLORIDA METROPOLITAN UNIVERSITY, INC. Principal Place of Business Mailing Address 6 HUTTON CENTER DRIVE #400 SANTA ANA CA 92707 **6 HUTTON CENTER DRIVE #400** 50014180 SANTA ANA CA 92707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 33-0717605 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent حجيد إدا كمحسا C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. **PLANTATION FL 33324** Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change CEOP DILE ☐ Addition TITLE ☐ Delete David G. Moore MOORE, DAVID G NAME NAME 6 HUTTON CENTRE DR STE 400 STREET ADDRESS 6 Hutton Centre Dr., Ste. 400 STREET ADDRESS CITY-ST-ZIP SANTA ANA CA 92707 CITY-ST-2IP Santa Ana, CA 92707 CEO, D Jack D. Massimino **VD** Delete TITLE ☐ Change Addition TITLE DEVEREUX, DENNIS L NAME 6 HUtton Centre Dr., Ste. 400 STREET ADDRESS **6 HUTTON CENTRE DR STE 400** STREET ADDRESS Santa Ana, CA 92707 CHEY-ST-7IP SANTA ANA CA 92707 CITY-ST-ZIP Delete ☐ Change **X** Addition TITLE TIT) F Robert C. Owen WILSON, BETH NAME NAME 6-Hutton Centre DR., Ste. 400 STREET ADDRESS STREET ADDRESS 6 HUTTON CENTRE DR STE 400 Santa Ana, CA 92707 CITY-ST-ZIP CITY-ST-7(P SANTA ANA CA 92707 ☐ Addition TITLE ☐ Detete TITLE ☐ Change MORTENSEN, STAN A NAME NAME 6 HUTTON CENTER DR. #400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANTA ANA CA 92707 CITY-ST-ZIP VCFO Delete TITLE ☐ Change ■ Addition TITLE BEAL, DENNIS N NAME 6 HUTTON CENTRE DR STE 400 STREET ADDRESS STREET ADDRESS SANTA ANA CA 92707 CITY-ST-ZIP CITY-ST-7/P ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

FILED

RE: Stan A. Mortensen 2/ /05 (714) 427SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date

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