

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90029 009 ***550.00

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07062006 Chg-P CR2E034 (11/05)

DOCUMENT # P96000062616					
1. Entity Name FLORIDA METROPOLITAN UNIVERSITY, INC.					
Principal Place of Business 6 HUTTON CENTER DRIVE #400 SANTA ANA, CA 92707			Mailing Address 6 HUTTON CENTER DRIVE #400 SANTA ANA, CA 92707		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 33-0717605	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u>n/a</u> (NOTE: Registered Agent signature required when renewing) DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MOORE, DAVID G 6 HUTTON CENTRE DR STE 400 SANTA ANA, CA 92707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/CFO Ord, Kenneth S. 6 Hutton Centre Drive, Suite 400 Santa Ana, CA 92707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MASSIMINO, JACK D 6 HUTTON CENTRE DR STE 400 SANTA ANA, CA 92707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/AS Owen, Robert C. 6 Hutton Centre Drive, Suite 400 Santa Ana, CA 92707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, BETH 6 HUTTON CENTRE DR STE 400 SANTA ANA, CA 92707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/COO Schoonmaker, Janis 6 Hutton Centre Drive, Suite 400 Santa Ana, CA 92707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MORTENSEN, STAN A 6 HUTTON CENTER DR. #400 SANTA ANA, CA 92707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.					
Stan A. Mortensen, Esq. General Counsel of Corp. Sec. Florida Metropolitan University, Inc.					
SIGNATURE: <u>[Signature]</u>			August 11, 2006 (714) 427 3000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		