2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000079432

Entity Name: US COLLEGE TRUST CORP.

FILED Mar 06, 2007 Secretary of State

Current P	rincipal Place	of Business:	New Principal P	New Principal Place of Business:	
999 PONCE DE LEON BLVD. SUITE 1040 CORAL GABLES, FL 33134			SUITE 300	701 WATERFORD WAY SUITE 300 MIAMI, FL 33126	
CORAL GABLES, FL 33134			IVII/AIVII, I L 33120	WIIAWII, I E 33120	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
999 PONCE DE LEON BLVD. SUITE 1040 CORAL GABLES, FL 33134		SUITE 300	701 WATERFORD WAY SUITE 300 MIAMI, FL 33126		
FEI Number:	65-0821575	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of 0	Current Registered Agent:	Name and Addre	Name and Address of New Registered Agent:	
	EZ &, TOME 53RD ST SUIT 33166 US	E 300			
	named entity of Florida.	submits this statement for the	ourpose of changing its regis	stered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MACEIRAS, LE	E LEON BLVD., SUITE 1040	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARDO MACEIRAS D 03/06/2007