


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90062 041 \*\*\*150.00

<b>DOCUMENT # P98000097860</b> 1. Entity Name <b>COLLEGE PURSUIT, INC.</b>					
Principal Place of Business <b>9900 STIRLING ROAD SUITE 304 COOPER CITY, FL 33024 US</b>			Mailing Address <b>9900 STIRLING ROAD SUITE 304 COOPER CITY, FL 33024 US</b>		
2. Principal Place of Business - No P.O. Box # <b>8688 GRIFFIN ROAD</b>			3. Mailing Address <b>SAME</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>COOPER CITY, FL</b>			City & State 		
Zip <b>33328</b>		Country <b>USA</b>		Zip 	
Country 		Country 		4. FEI Number <b>65-0876751</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SAFRA, MARK 9900 STIRLING ROAD SUITE 304 COOPER CITY, FL 33024</b>			7. Name and Address of New Registered Agent Name <b>SUSAN SAFRA</b> Street Address (P.O. Box Number is Not Acceptable) <b>8688 GRIFFIN ROAD</b> City & State <b>COOPER CITY FL</b> Zip Code <b>33328</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SAFRA, MARK</b> <input type="checkbox"/> Delete <b>9900 STIRLING ROAD, SUITE 304</b> <b>COOPER CITY, FL 33024</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <b>SUSAN SAFRA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8688 GRIFFIN ROAD</b> <b>COOPER CITY, FL 33328</b>	
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	
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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.					
SIGNATURE: <b>MARK SAFRA</b> / <b>MARK SAFRA</b> / <b>954-274-5450</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					