


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000019655	
1. Entity Name COLLEGE ASSISTANCE, INC.	

Principal Place of Business 1515 N. FEDERAL HIGHWAY SUITE 218 BOCA RATON, FL 33432	Mailing Address 1515 N. FEDERAL HIGHWAY SUITE 218 BOCA RATON, FL 33432
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05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0891544	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ARESTY, MAURICE 1515 N. FEDERAL HIGHWAY SUITE 218 BOCA RATON, FL 33432
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 09/07/05-80016-006 158.75
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARESTY, MAURICE 1515 N. FEDERAL HWY, STE 218 BOCA RATON, FL 33432
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Maurice Aresty</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	9-1-05 Date	561-353-8000 Daytime Phone #
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