


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

08-22-2006 90029 004 \*\*\*550.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # V25777</b> 1. Entity Name <b>WARD STONE COLLEGE, INC.</b>			
Principal Place of Business <b>6 HUTTON CENTRE DRIVE SUITE 400 SANTA ANA, CA 92707 US</b>		Mailing Address <b>6 HUTTON CENTRE DRIVE SUITE 400 SANTA ANA, CA 92707 US</b>	
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 <b>65-0302793</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ n/a Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		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	<b>C MOORE, DAVID G 6 HUTTON CENTRE DR., SUITE 400 SANTA ANA, CA 92707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP/CFO Ord, Kenneth S. 6 Hutton Centre Drive, Suite 400 Santa Ana, CA 92707</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD MASSIMINO, JACK D 6 HUTTON CENTRE DR., SUITE 400 SANTA ANA, CA 92707</b> <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	<b>VS MORTENSEN, STAN A 6 HUTTON CENTRE, SUITE 400 SANTA ANA, CA 92707</b> <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	<b>T OWEN, ROBERT 6 HUTTON CENTRE DR., SUITE 400 SANTA ANA, CA 92707</b> <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	<b>VD WILSON, BETH A 6 HUTTON CENTRE DRIVE, STE 400 SANTA ANA, CA 92707</b> <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. <b>Stan A. Mortensen, SVP, Gen. Counsel &amp; Corp. Sec. WARD STONE COLLEGE, INC.</b>			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		August 11, 2006 (714) 427 3000 Date Daytime Phone #	