2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004855

Address:

City-St-Zip:

2847 HAZEL GROVE LANE

OVIEDO, FL 32766

Entity Name: ST. MATTHEW'S UNIVERSITY, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12124 HIGH TECH AVE. SUITE 350 ORLANDO, FL 32817 **New Mailing Address: Current Mailing Address:** 12124 HIGH TECH AVE. SUITE 350 ORLANDO, FL 32817 FEI Number: 20-3322769 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY FOX, LISA 1201 HAYS STREET 12124 HIGH TECH AVE TALLAHASSEE, FL 323012525 US SUITE 350 ORLANDO, FL 32817 US 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. SIGNATURE: LISA FOX 04/14/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RODGER, STEVEN C Name: Name: 623 LAKE AVENUE Address: Address: City-St-Zip: GREENWICH, CT 06830 City-St-Zip: Title: SD Title: () Delete () Change () Addition Name: WECHALER, JOHN I Name: 159 BEDFORD ROAD Address: Address: GREENWICH, CT 06831 City-St-Zip: City-St-Zip: Title: Title: CFO () Delete () Change () Addition MOYA, TERRY Name: Name: 50 GRAHAM STREET Address: Address: City-St-Zip: GARDNER, MA 01440 City-St-Zip: Title: CEO () Delete Title: () Change () Addition MARVIN, JOHN D Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: TERRY MOYA **CFO** 04/14/2009