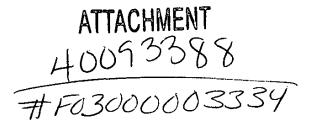
2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 19, 2006 8:00 am Secretary of State DOCUMENT # F03000003334 05-19-2006 90028 013 ***150.00 1. Entity Name CAMPUS AGENCY, INC. Principal Place of Business Mailing Address % CATHY ALEXANDER % CATHY ALEXANDER 712 PRESIDENT STREET 712 PRESIDENT STREET BROOKLYN, NY 11215 BROOKLYN, NY 11215 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05102006 Chq-P CR2E034 (11/05) Applied For City & State 4. FEI Number City & State Not Applicable 34-0818608 Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATTWAY, EMMA D Street Address (P.O. Box Number is Not Acceptable) 5880 MIDNIGHT PASS RD #208 SARASOTA, FL 34242-4107 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE YSTC ☐ Change ☐ Addition ☐ Delete TITLE ALEXANDER, CATHY NAME NAME STREET ADDRESS 712 PRESIDENT STREET STREET ADDRESS CITY-ST-ZIF BROOKLYN, NY 11215 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Channe TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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. ATHY ALEXANDER \$/16/06 718-638-019



May 10, 2006

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sir/Madam:

Please find enclosed the Florida 2006 For Profit Corporation Annual Report. Each year this report has been prepared by my CPA in Cleveland, Ohio and it has been filed by me on a timely basis.

This report was inadvertently not filed on a timely basis this year due to the sickness and death of my CPA's father, who took ill in California and then eventually passed away. Due to the circumstances, we are requesting you to abate the late filing fee of \$400.

Thank you for your consideration in this matter.

Sincerely,

Marc M. Ferber, CPA

Mary M. Ferber

* Cathy Olexander Cathy Alexander