

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2009
Secretary of State**

DOCUMENT# F03000003343

Entity Name: EDUCATIONAL SERVICES OF AMERICA, INC.

Current Principal Place of Business:

104 NORTH SEVEN OAKS DRIVE
KNOXVILLE, TN 37922

New Principal Place of Business:

Current Mailing Address:

104 NORTH SEVEN OAKS DRIVE
KNOXVILLE, TN 37922

New Mailing Address:

FEI Number: 62-1586836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARKIS, MISSY
10245 CENTURION PKWY. NORTH, SUITE 108
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: GAMBILL, RON
Address: 104 NORTH SEVEN OAKS DRIVE
City-St-Zip: KNOXVILLE, TN 37922 US

Title: PSD () Delete
Name: ARNOLD, JOHN E JR.
Address: 104 NORTH SEVEN OAKS DRIVE
City-St-Zip: KNOXVILLE, TN 37922 US

Title: VP () Delete
Name: THOMPSON, BILL
Address: 104 NORTH SEVEN OAKS DRIVE
City-St-Zip: KNOXVILLE, TN 37922 US

Title: D () Delete
Name: KESSEL, DWIGHT
Address: 4418 BEACHWOOD DRIVE
City-St-Zip: KNOXVILLE, TN 37920 US

Title: D () Delete
Name: COOPER, LEO
Address: 5401 BROWN GAP ROAD
City-St-Zip: KNOXVILLE, TN 37918 US

Title: D () Delete
Name: SCHUMPERT, TOMMY
Address: 5300 OAK GLADE LANE
City-St-Zip: KNOXVILLE, TN 37918 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN E ARNOLD JR

Electronic Signature of Signing Officer or Director

P

02/17/2009

Date