2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002064

Entity Name: AHIA EDUCATION FOUNDATION, INC

FILED Jan 26, 2004 Secretary of State

Entity Nai	me: AHIA EDI	JCATION FOUNDATION, INC				
Current P	rincipal Place	of Business:	New Principal Place of Business:			
7043 DON ONSTED,	IEGAL DRIVE MI 49265 L	IS				
Current M	lailing Addres	s:	New Mailing Address:			
P.O. BOX ONSTED,	449 MI 492650449	US				
FEI Number	: 36-3666960	FEI Number Applied For()	FEI Number Not Appl	licable()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and	Address of I	New Registered Agent:	
	. 52ND LLE, FL 32606	US submits this statement for the p	ourpose of changing i	ts registered o	office or registered agent, or b	oth,
	e of Florida.	·	, ,	-		
SIGNATU						
	Electron	ic Signature of Registered Age	ent		Date	
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () BOGUSZ, PATR 7043 DONEGAL ONSTED, MI 49	DRIVE	Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	SPENCE, KENN	CENTER DRIVE	Title: Name: Address: City-St-Zip:	RUPPERT, MA 116 N RALSTO	() Change () Addition RK P ON BLVD SUITE 900 S, CA 90048 US	
Title: Name: Address: City-St-Zip:	RUPPERT, MAF	N BLVD SUITE 900	Title: Name: Address: City-St-Zip:	D (X WEATHERFOR 1584 TULLIE O ATLANTA, GA	CIRCLE	
Title: Name: Address: City-St-Zip:	D () WEATHERFOR 1584 TULLIE CI ATLANTA, GA 3	RCLE	Title: Name: Address: City-St-Zip:	YOUNG, KARE	PLAZA BLVD, SUITE 1001	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA M. BOGUSZ D 01/26/2004