


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000009665 1. Entity Name EDUQUILTERS, INC.	
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Principal Place of Business 96 WILLARD ST STE 304 COCOA, FL 32922	Mailing Address 96 WILLARD ST STE 304 COCOA, FL 32922
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DO NOT WRITE IN THIS SPACE



04272006 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0384339	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEANS, THOMAS W 47 W NEW HAVEN AVE STE 200 MELBOURNE, FL 32901
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ENGEL, MARGIE 575 HWY A1A #502 SATELLITE BCH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PICARRO, DIJ 919 CARRIAGE HILL RD MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NELSON, PAM 2501 ADDINGTON CIRCLE VIERA, FL 32955
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEMUNECAS, MARY 3280 S DAIRY RD MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000553721
05/15/06-80062-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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.

SIGNATURE: Margarita Cameron, Margarita Cameron, Treas. 639-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____