2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006461

Entity Name: EDU SEARCH & RESCUE, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

687 ALDERMAN ROAD

222

PALM HARBOR, FL 34683 US

New Mailing Address: Current Mailing Address:

687 ALDERMAN ROAD

PALM HARBOR, FL 34683 US

FEI Number: 26-0445811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOLLINKA, DAVID J ESQ 3204 ALTERNATE 19 NORTH PALM HARBOR, FL 34683

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

D,P () Change () Addition () Delete

HORNER, JR., DAVID D DR. Name: Name: 687 ALDERMAN ROAD, SUITE 222 Address: Address: City-St-Zip: PALM HARBOR, FL 34683 US City-St-Zip:

Title: () Delete Title: () Change () Addition

ANDERSON, TIMOTHY M Name: Name: Address: 1249 SAND CREEK ST Address: City-St-Zip: IDAHO FALLS, ID 83404 US City-St-Zip:

Title: D,ST () Delete Title: () Change () Addition

OWSLEY, ESTHER A Name: Name: Address: 122 CARLYLE DR. Address: City-St-Zip: PALM HARBOR, FL 34683 US City-St-Zip:

() Delete Title: Title: () Change (X) Addition

Name: Name: DAVEY, DANIEL M 5431 SW 39TH ST. Address: Address: City-St-Zip: City-St-Zip: OCALA, FL 34474 US

Title: () Delete Title: () Change (X) Addition

RALEY, JOHN REV. Name: Name: 4439 ELSIE LN Address: Address: MILTON, FL 32583 US City-St-Zip: 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: DR. DAVID D. HORNER, JR. D.P 04/28/2009