2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000054764 1. Entity Name EDUCATIONAL ASSOCIATES, INC.				FILED 05 OCT 14 PH 12: 42
Principal Place of Business 7520 RED ROAD SUITE A SOUTH MIAMI, FL 33143		Mailing Address 7520 RED ROAD SUITE A SOUTH MIAMI, FL 33143		IALLAHASSEE, FLORIDA
2. Principal Place of Business 25 6 Prospect Dr		3. Mailing Address 25 5. Prospect Dr		
Suit Apt. #, etc.	ables, Fl	Suite, Apt. #, etc. Coral Gab	es, Fl	(10/037) Chg.Ip : UICREE034 (10/037)
City & State U		City & State 33133		4. FEI Number Applied For 5 Not Applied For 5 Not Applicable
^{Zip} 33133	USA	^{Zip} 33133	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. NEGRET-ALEXANDRA NEGRET-ALEXANDRA NEGRET-ALEXANDRA NEGRET-ALEXANDRA				
7520 RED ROAD SUITE A		<u> </u>	Street Addr. 25 S	ress (Po Box Number is No Acceptable)
SOUTH MIAMI, FL 33143			City	ral gables Fl 33133
8. The above named entry 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 registrated age (it.) SIGNATURE Signature Signature (squired name a registered front and title if applicable (NOTE Registered Agent signature required when recistating) DATE				
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees Corporation did not receive the prior notice.				
10.	OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition
NAME NEGRET STREET ADDRESS 7520 RED	, ALEXANDRA DROAD MAMI, FL 33143	L. Delete	NAME NAME STREET ADDRESS 🗳	126PET, ALEXANDRA 15 South Prospect Dr Loval Gables, FT 33133
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP			CITY-ST-ZIP	09/09/04 90002050 \$550,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS		☐ Delete	THE NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		CT Delete	NAME STREET ADDRESS CITY-ST-ZIP	A
TITLE NAME STREET ADDRESS		☐ Delete	TIFLE NAME STREET ADDRESS	Change Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of Supplemental reports 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 redever 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 anorthis with an a				

EDUCATIONAL ASSOCIATES, INC. 25 SOUTH PROSPECT DR. CORAL GABLES, FL 33133

October 10, 2005

Fla. Dept. of St Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tina Roberts,

As per our conversation over the telephone on October 10, 2005, I was unable to file my 2005 corporate report on time because I moved my offices. I would like for the \$150.00 fee that I had paid for the previous year, to be credited towards this year fee.

Please let me know if my corporation can be reinstated with receipt of this letter and if there is any outstanding balance due.

The reference number for my corporation is P99000054764 and the letter number is 505A00059858. Please let me know if there is any other fee and or information from me that you need.

Sincerelly,

AN/Ic