

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90026 023 ****61.25

DOCUMENT # N03000009897 1. Entity Name EDUCATE TOMORROW, CORP			
Principal Place of Business 1200 BRICKELL AVE, SUITE 950 MIAMI, FL 33131		Mailing Address 1200 BRICKELL AVE, SUITE 950 MIAMI, FL 33131	
2. Principal Place of Business 1111 BRICKELL AVE.		3. Mailing Address 1000 BRICKELL AVE.	
Suite/Apt. #, etc. 1700		Suite/Apt. #, etc. 1020	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33131		Zip 33131	
Country DADE		Country DADE	
4. FEI Number 51-0493526		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAMIAN, MELANIE E DAMIAM & VALORI 1200 BRICKELL AVE, SUITE 950 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name DAMIAN, MELANIE E. Street Address (P.O. Box Number is Not Acceptable) DAMIAM & VALORI 1000 BRICKELL AVE, STE. 1020 City MIAMI FL Zip Code 33131	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME EMMONS, VIRGINIA STREET ADDRESS 1200 BRICKELL AVE SUITE 950 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete	TITLE DIRECTOR NAME EMMONS, VIRGINIA STREET ADDRESS 1000 BRICKELL AVE, SUITE 1020 CITY-ST-ZIP MIAMI, FL 33131	☒ Change ☐ Addition
TITLE VP NAME MCCARTHY, MELISSA STREET ADDRESS 2190 HARITHY DR. CITY-ST-ZIP DUNN LORING, VA 22027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VP NAME DAMIAN, MELANIE STREET ADDRESS 1200 BRICKELL AVE SUITE 950 CITY-ST-ZIP MIAMI, FL 33131	☐ Delete	TITLE CHAIR NAME DAMIAN, MELANIE STREET ADDRESS 1000 BRICKELL AVE, SUITE 1020 CITY-ST-ZIP MIAMI, FL 33131	☒ Change ☐ Addition
TITLE DIR NAME DHANJI, MARY STREET ADDRESS 6643 NW 174 LANE CITY-ST-ZIP MIAMI LAKES, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DIR NAME SPOERK, LUCILLE STREET ADDRESS S76W12500 MCSHANE DRIVE CITY-ST-ZIP MUSKEGO, WI 53150	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE DIR NAME AWANDA KOZIAR STREET ADDRESS 1428 BRICKELL AVE, 6TH FL CITY-ST-ZIP MIAMI, FL 33131	☐ Change ☒ Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/8/06 Daytime Phone # 305.303.5890	

ATTACHMENT I

NO 3000009897

40012985

10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DIR. ☐ Change ☒ Addition
NAME	RICHARD SIMRING
STREET ADDRESS	777 BRICKELL AVE, SUITE 500
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DIR. ☐ Change ☒ Addition
NAME	SCOTT DIMOND
STREET ADDRESS	300 SE 1ST STREET, SUITE 708
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DIR. ☐ Change ☒ Addition
NAME	SANDRA UPEGUI
STREET ADDRESS	1500 MIAMI CENTER, 201 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DIR. ☐ Change ☒ Addition
NAME	RICARDO BAJANDA-S
STREET ADDRESS	1000 BRICKELL AVE, SUITE 1020
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DIR. ☐ Change ☒ Addition
NAME	BOB HUDSON
STREET ADDRESS	1111 BRICKELL AVE, STE 1700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DIR. ☐ Change ☒ Addition
NAME	PETER VALORI
STREET ADDRESS	1000 BRICKELL AVE, SUITE 1020
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DIR. ☐ Change ☒ Addition
NAME	MATT LEVIN
STREET ADDRESS	2699 S. BAYSHORE DR. SUITE 400
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DIR. ☐ Change ☐ Addition
NAME	STEPHANIE PITTS
STREET ADDRESS	MIAMI CENTRAL 1781 NW 95 ST.
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/04

Date

305.303.5890

Daytime Phone #