

**06 FOR PROFIT CORPORATION
ANNUAL REPORT**

MENT # F00000006193

EDSOLUTIONS, INC.



FILED
Feb 22, 2006 08:00 AM
Secretary of State

Principal Place of Business
1250 4TH STREET
SUITE 550
SANTA MONICA, CA 90401

Mailing Address
1250 4TH STREET
SUITE 550
SANTA MONICA, CA 90401



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1800604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HEYMANN, THOMAS A 1250 4TH STREET, 6TH FL SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARON, STANLEY 1250 4TH STREET, 6TH FL SANTA MONICA, CA 90401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JACKSON, DAN R 650 NE HOLLADAY, SUITE 1400 PORTLAND, OR 97232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YALOW, ELANNA S 4340 REDWOOD HWY, BLDG B SAN RAFAEL, CA 94903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000443254
03/04/06-80056-019 150.00

**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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-06
Stanley E. Maron, Secretary

Date Daytime Phone #