


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000005664	
1. Entity Name EDUCATIONAL PARTNERS, INC.	

Principal Place of Business 333 W FIRST ST SUITE 170 DAYTON, OH 45402	Mailing Address PO BOX 751294 DAYTON, OH 45475-1294
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DO NOT WRITE IN THIS SPACE



07172006 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1662885	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWN, TERRACE L 520 NORTH ORLANDO AVE., STE. 58 ORLANDO, FL 32789
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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 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD TUCKER, SANDRA A 333 W FIRST ST SUITE 170 DAYTON, OH 45402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THOMAS, CARMON D 333 W FIRST ST SUITE 170 DAYTON, OH 45402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TUCKER, SANDRA A 333 W FIRST ST SUITE 170 DAYTON, OH 45402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, ALICIA F 1510-5 LAKE POINTE WAY CENTERVILLE, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/21/06-80004-005 158.75

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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 all other like empowered.

SIGNATURE: 	7-18-2006	(407) 599-0056
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>