

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005664

Entity Name: EDUCATIONAL PARTNERS, INC.

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

333 W FIRST ST SUITE 170  
DAYTON, OH 45402

**New Principal Place of Business:**

333 W FIRST ST  
SUITE 170  
DAYTON, OH 45402

**Current Mailing Address:**

4700 MILLENIA BLVD  
SUITE 295  
ORLANDO, FL 32839

**New Mailing Address:**

FEI Number: 31-1662885      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BROWN, TERRACE L  
4700 MILLENIA BLVD.,  
SUITE 295  
ORLANDO, FL 32839 US

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

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).****OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: TUCKER, SANDRA A  
Address: 333 W FIRST ST SUITE 170  
City-St-Zip: DAYTON, OH 45402

Title: VSD ( ) Delete  
Name: THOMAS, CARMON D  
Address: 333 W FIRST ST SUITE 170  
City-St-Zip: DAYTON, OH 45402

Title: T ( ) Delete  
Name: TUCKER, SANDRA A  
Address: 333 W FIRST ST SUITE 170  
City-St-Zip: DAYTON, OH 45402

Title: D ( ) Delete  
Name: MOORE, ALICIA F  
Address: 1510-5 LAKE POINTE WAY  
City-St-Zip: CENTERVILLE, OH

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMON D. THOMAS

VSD

04/29/2009

Electronic Signature of Signing Officer or Director

Date