

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006091

Entity Name: WASATCH EDUCATIONAL INC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

1662 W. 820 N
PROVO, UT 84601

New Principal Place of Business:

Current Mailing Address:

1662 W. 820 N
PROVO, UT 84601

New Mailing Address:

FEI Number: 87-0594592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTERSON, RAY M
3005 CORAL STRIP PARKWAY
GULF BREEZE, FL 32563 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: C () Delete
Name: ROURKE, KATHLEEN
Address: 201 WOOD STREET
City-St-Zip: PITTSBURG, PA 152221984

Title: VC () Delete
Name: SELLIN, ROBERT
Address: 1635 GRAPEVINE ROAD
City-St-Zip: HARRODSBURG, KY 40330

Title: D () Delete
Name: BASS, RICHARD H CPA
Address: 115 COCHRAN ROAD #3
City-St-Zip: LEXINGTON, KY 40502

Title: D () Delete
Name: SMITH, LES R PHD
Address: 3108 E COTTON LANE
City-St-Zip: GILBERT, AZ 85234

Title: C () Delete
Name: NIELAND, VIRGINIA
Address: 679 EDMONDS DR
City-St-Zip: CHARLESTON, SC 29412

Title: D () Delete
Name: LYONS, KEVIN J
Address: 130 SOUTH 9TH STREET
City-St-Zip: PHILADELPHIA, PA 19107

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:

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Name:
Address:
City-St-Zip:

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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: RICHARD NIELSEN

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date