

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004591

FILED
Jan 03, 2008
Secretary of State

Entity Name: HELIOS EDUCATION FOUNDATION INCORPORATED

Current Principal Place of Business:

2415 EAST CAMELBACK RD SUITE 500
PHOENIX, AZ 85016

New Principal Place of Business:

2415 EAST CAMELBACK RD
SUITE 500
PHOENIX, AZ 85016

Current Mailing Address:

2415 EAST CAMELBACK RD SUITE 500
PHOENIX, AZ 85016

New Mailing Address:

2415 EAST CAMELBACK RD
SUITE 500
PHOENIX, AZ 85016

FEI Number: 94-2850977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, IAN
100 N TAMPA ST #1625
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

SMITH, IAN
100 N TAMPA ST
SUITE 1625
TAMPA, FL 33602 US

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: _____

01/03/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: ROIG, VINCENT
Address: 2415 EAST CAMELBACK RD SUITE 500
City-St-Zip: PHOENIX, AZ 85016

Title: D () Delete
Name: JENKINS, BILL
Address: 2415 EAST CAMELBACK RD SUITE 500
City-St-Zip: PHOENIX, AZ 85016

Title: D () Delete
Name: ARIPOLI, DON
Address: 2415 EAST CAMELBACK RD SUITE 500
City-St-Zip: PHOENIX, AZ 85016

Title: P () Delete
Name: LUNA, PAUL
Address: 2415 EAST CAMELBACK RD SUITE 500
City-St-Zip: PHOENIX, AZ 85016

Title: VS () Delete
Name: RYAN, BARBARA
Address: 2415 EAST CAMELBACK RD SUITE 500
City-St-Zip: PHOENIX, AZ 85016

Title: T () Delete
Name: CHESIN, MICHAEL
Address: 2415 EAST CAMELBACK RD SUITE 500
City-St-Zip: PHOENIX, AZ 85016

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CHESIN

VP

01/03/2008

Electronic Signature of Signing Officer or Director

Date