

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90010 002 \*\*\*158.75

DOCUMENT # **H 46987**

1. Entity Name

**EDUCATIONAL ADVANCEMENT, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**7791 NEW HOLLAND WAY**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOYNTON BEACH, FL.**

City & State

Zip

**33437**

Country

**USA**

Zip

Country

4. FEJ Number

**CS-0058093**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

CR2E034B (8/05)

7. Name and Address of Current Registered Agent

Name

**LAURIE K. STEINBERG**

Street Address (P.O. Box Number is Not Acceptable)

**7791 NEW HOLLAND WAY**

City

**BOYNTON BEACH**

**FL**

Zip Code

**33437**

**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 reappointing)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**Make Check Payable to Florida Department of State**

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  
**DIRECTOR - PRESIDENT  
STEINBERG, LAURIE K.  
7791 NEW HOLLAND WAY  
BOYNTON BEACH, FL. 33437**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Laurie K. Steinberg*

**LAURIE K. STEINBERG**

Date

**3/7/06 (954) 261-1474**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR