2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# J75873

Entity Name: EDUCATIONAL OUTREACH, INC., NO. 2

Current Principal Place of Business:

SYLVAN LEARNING CENTER
11203 NORTH 56TH STREET
TAMPA, FL 33617

New Principal Place of Business:

SYLVAN LEARNING CENTER
11201 NORTH 56TH STREET
TAMPA, FL 33617

Current Mailing Address:

SYLVAN LEARNING CENTER
11203 NORTH 56TH STREET
TAMPA, FL 33617

New Mailing Address:

SYLVAN LEARNING CENTER
11201 NORTH 56TH STREET
TAMPA, FL 33617

FEI Number: 59-2829368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, DR. JUDY
11203 NORTH 56TH STREET
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

JOHNSON, DR. JUDY
11201 NORTH 56TH STREET
TAMPA, FL 33617 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: 04/20/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSON, JUDY
Address: 11203 N 56TH STREET
City-St-Zip: TAMPA, FL 33617

Title: ST ( ) Delete
Name: STACHOW, ALICE
Address: 117 W BEACON ROAD
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOHNSON, JUDY
Address: 11201 N 56TH STREET
City-St-Zip: TAMPA, FL 33617

Title: ST (X) Change ( ) Addition
Name: HARPER, ALICE
Address: 117 W BEACON ROAD
City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the 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: DR JUDY A JOHNSON P 04/20/2006
Electronic Signature of Signing Officer or Director — Date