## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000008139

FILED Aug 31, 2006 Secretary of State

Entity Name: PRESERVATION AND EDUCATION TRUST, INC. **Current Principal Place of Business: New Principal Place of Business:** 1219 ROCKLEDGE DRIVE ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** P.O. BOX 560823 ROCKLEDGE, FL 32955 FEI Number: 59-3688531 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRIS, KRISTIN A SULLIVAN, LEA ANN 5300 CITRUS BLVD 125 BELLWOOD ST TITUSVILLE, FL 32780 US US COCOA, FL 32926 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: LEA ANN SULLIVAN 08/31/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete POPE, CAROLE C Name: Name: Address: 715 ROCKLEDGE DR Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: () Delete Title: () Change () Addition RAINWATER, MARGARET Name: Name: Address: 715 ROCKLEDGE DR Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: Title: STD () Delete Title: (X) Change ( ) Addition HARRIS, KRISTIN A Name: SULLIVAN, LEA ANN Name: 125 BELLWOOD STREET 5300 CITRUS BLVC Address: Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: COCOA, FL 32926

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

SIGNATURE: CAROLE POPE PD 08/31/2006