

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008139

FILED
Apr 30, 2007
Secretary of State

Entity Name: PRESERVATION AND EDUCATION TRUST, INC.

Current Principal Place of Business:

1219 ROCKLEDGE DRIVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560823
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3688531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, LEA ANN
5300 CITRUS BLVD
COCOA, FL 32926 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POPE, CAROLE C
Address: 715 ROCKLEDGE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: VD () Delete
Name: RAINWATER, MARGARET
Address: 715 ROCKLEDGE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: STD () Delete
Name: SULLIVAN, LEA ANN
Address: 5300 CITRUS BLVD
City-St-Zip: COCOA, FL 32926

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:

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: CAROLE C POPE

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date