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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003356

1. Entity Name
C2T2 EDUCATIONAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
2753 S. RIDGEWOOD AVE. SOUTH DAYTONA, FL 32119	P.O BOX 7070 DAYTONA BEACH, FL 32116

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2753 S. RIDGEWOOD AVE Suite, Apt. #, etc.
City & State	City & State: SOUTH DAYTONA, FL
Zip / Country	Zip: 32119 / Country: US

4. FEI Number: 59-3723699 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACKSON, DOUGLAS K 2753 S. RIDGEWOOD AVE. DAYTONA BEACH, FL 32119	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Douglas K Jackson 6/2/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JACKSON, DOUGLAS K 3051 S. ATLANTIC AVE., #1003 DAYTONA BEACH, FL 32118	☐ Delete	SECRETARY-S ROBERT DOWNS 2753 S. RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOT ROOKS, DAVID R 3051 S. ATLANTIC AVE., #2004 DAYTONA BEACH, FL 32118	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C GRAHAM, PATSY 124 S. CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32114	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC HUTH, TIM P.O BOX 2118 DELAND, FL 327212118	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, KAREN 9 CLIFF ROAD WESTON, MA 02493	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIRRIELESS, JIM 2176 N. PIERCE ST. ARLINGTON, VA 22209	☐ Delete		☐ Change ☐ Addition

6/6/12

CR2EC37 (10/02)

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas K Jackson 6/2/03 386-760-0420
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #