2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003
Secretary of State

DOCUMENT# N01000005015

Entity Name: EDUCATION RECOVERY, INC.

Current Principal Place of Business:

44 MAGNOLIA AVE
SHALIMER, FL 32579

New Principal Place of Business:

Current Mailing Address:

44 MAGNOLIA AVE
SHALIMER, FL 32579

New Mailing Address:

FEI Number: 59-3742278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERN, DEBORAH L BSW
44 MAGNOLIA AVE
SHALIMER, FL 32579 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:	EDIR	( ) Delete
Name:	KERN, DEBORAH L BSW	
Address:	44 MAGNOLIA AVE	
City-St-Zip:	SHALIMER, FL 32579	
Title:	DIR	( ) Delete
Name:	PALMER, ROSEMARY N	
Address:	5260 PIMLICO DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32309	
Title:	DIR	( ) Delete
Name:	SCEBBI, KENT	
Address:	669 ST LUCIA COVE	
City-St-Zip:	NICEVILLE, FL 32578	
Title:	DIR	( ) Delete
Name:	HOUGHLAND, PATRICIA	
Address:	7070 N. BLUE ANGEL PARKWAY	
City-St-Zip:	PENSACOLA, FL 32526	
Title:	DIR	( ) Delete
Name:	SANSONE, FRANK A	
Address:	11000 UNIVERSITY PARKWAY	
City-St-Zip:	PENSACOLA, FL 32514	

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:	
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 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 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: DEBORAH L. KERN EDIR 05/05/2003

Electronic Signature of Signing Officer or Director — Date