2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007456

FILED Feb 01, 2007 Secretary of State

Entity Name: CENTER FOR EDUCATIONAL ADMINISTRATIVE INITIATIVES, INC.

Current Principal Place of Business: New Principal Place of Business:

20 MARCO LAKE DR, SUITE 11 20 MARCO LAKE DR, SUITE 12 MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145

Current Mailing Address: New Mailing Address:

20 MARCO LAKE DR, SUITE 12 20 MARCO LAKE DR, SUITE 11 MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145

FEI Number: 59-3759064 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOODWARD, CRAIG R 606 BALD EAGLE DR, SUITE 500 MARCO ISLAND, FL 34145

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete COOK, CATHERINE R COOK, CATHERINE R Name: Name: 20 MARCO LAKE DR, SUITE 11 Address: 20 MARCO LAKE DR, SUITE 12 Address:

City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145

Title: VD () Delete Title: VD (X) Change () Addition VEST, DENNIS R Name: VEST, DENNIS R Name:

Address: 20 MARCO LAKE DR. SUITE 11 Address: 20 MARCO LAKE DR. SUITE 12 City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145

Title: () Delete Title: SD (X) Change () Addition VEST, APRIL E VEST, APRIL E Name: Name:

20 MARCO LAKE DR, SUITE 11 20 MARCO LAKE DR, SUITE 12 Address: Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145

Title: TD () Delete Title: TD (X) Change () Addition MILLER, WILLIAM B MILLER, WILLIAM B Name: Name:

20 MARCO LAKE DR, SUITE 12 Address: 20 MARCO LAKE DR, SUITE 11 Address: City-St-Zip: MARCO ISLAND, FL 34145 City-St-Zip: MARCO ISLAND, FL 34145

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: WILLIAM B MILLER TD 02/01/2007