2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# N02000002937

Entity Name: EXPANDING MINDS, INC.

Current Principal Place of Business:

2591 WEST BEAVER STREET
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

PO BOX 40552
JACKSONVILLE, FL 322030552

New Mailing Address:

FEI Number: 59-3675648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

WHITE, MICHAEL
11792 PAINTED DESERT WAY
JACKSONVILLE, FL 32218 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: D ( ) Delete
Name: WHITE, MICHAEL
Address: 11792 PAINTED DESERT WAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete
Name: WHITE, SHERRY
Address: 11792 PAINTED DESERT WAT
City-St-Zip: JACKSONVILLE, FL 32218

Title: S ( ) Delete
Name: WHITE, DEON
Address: 11792 PAINTED DESERT WAY
City-St-Zip: JACKSONVILLE, FL 32218

Title: CHAP ( ) Delete
Name: MATTHEWS, CAMERON
Address: 9447 JONES ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: T ( ) Delete
Name: RHODES, SARAH
Address: 1152 BERTHA STREET
City-St-Zip: JACKSONVILLE, FL 32254

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 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: MICHAEL WHITE D 07/05/2006
Electronic Signature of Signing Officer or Director — Date