

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


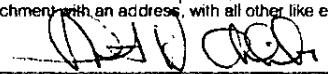
**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90034 007 \*\*\*\*61.25

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01242007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N02000005873</b>					
1. Entity Name THE AANR EDUCATION FOUNDATION, INC.					
Principal Place of Business 1703 N. MAIN ST. KISSIMMEE, FL 34744			Mailing Address 1703 N. MAIN ST. KISSIMMEE, FL 34744		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 06-1679536	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHUTTAUF, ERICH 1703 N. MAIN ST. KISSIMMEE, FL 34744			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, DON		NAME		
STREET ADDRESS	2107 TOBAGO CIR.		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS, FL 33905		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTELEIR, JOE		NAME		
STREET ADDRESS	POB 750		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES, FL 34639		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT, OHLWILER H		NAME		
STREET ADDRESS	21629 SILVER BAY PLACE		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES, FL 34637		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLENDER, JOHN		NAME		
STREET ADDRESS	1301 RIVER PLACE BLVE, #2105		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINMAN, JOHN		NAME	BENERLY PRICE	
STREET ADDRESS	P.O. BOX 782		STREET ADDRESS	1414 W. WOOD DR	
CITY-ST-ZIP	MARCOLA, OR 97454		CITY-ST-ZIP	PHOENIX AZ 85029	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEINKOENIG, JOE		NAME		
STREET ADDRESS	3333 RUSSET PL		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES, FL 34638		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		ROBERT H. OHLWILER		11/28/07 313-929-9405	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	