

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000818

FILED  
Apr 28, 2010  
Secretary of State

Entity Name: EDUCATION INCENTIVES, INC.

**Current Principal Place of Business:**

6545 RIDGE RD.  
STE. 3  
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

**Current Mailing Address:**

6545 RIDGE RD.  
STE. 3  
PORT RICHEY, FL 34668 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

BOYKO, JAMES A  
6545 RIDGE RD.  
STE. 3  
PORT RICHEY, FL 34668 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  
Name: VAZNELIS, NINA  
Address: 7127 MORIVER BLVD.  
City-St-Zip: SPRING HILL, FL 34609 US

Title: D  
Name: BOYKO, JAMES A  
Address: 6545 RIDGE RD., STE. 3  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: D  
Name: GRIEBLE, HANS  
Address: 6545 RIDGE RD., SUITE 3  
City-St-Zip: PORT RICHEY, FL 34668 US

Title: D  
Name: COHEN, AMY G  
Address: 8624 GOVERNMENT DR, STE.103  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D  
Name: BLAESING, DIONNE M  
Address: 5946 MAIN ST.  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 all other like empowered.

SIGNATURE: JAMES A BOYKO

PRES

04/28/2010

Electronic Signature of Signing Officer or Director

Date