


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N03000008031	
1. Entity Name EDUCATION PAYS MORE, INC.	

Principal Place of Business 3500 N. STATE RD. 7 SUITE 437 LAUDERDALE LAKES, FL 33319	Mailing Address 3500 N. STATE RD. 7 SUITE 37 LAUDERDALE LAKES, FL 33319
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04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 75-3153709	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBINSON, GEORGIA D.N. 3500 N. STATE RD. 7 SUITE 437 LAUDERDALE LAKES, FL 33319

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000938033 05/27/08-80075-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBINSON, GEORGIA D.N. 3500 N. STATE RD. 7 SUITE 437, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SAVIN, ROGER 100 NW 76 AVE, 306-2 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WILLIAMS, DONALD 2830 NW 8 CT FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** 4/23/08 **Daytime Phone #** _____