

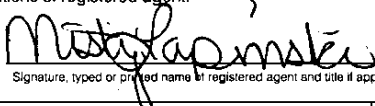
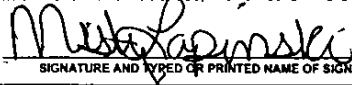


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90017 034 ****70.00

DOCUMENT # N03000008148 1. Entity Name LOGOS EDUCATORS NETWORK, INC					
Principal Place of Business 8159 ARLINGTON EXPRESSWAY SUITE 29 JACKSONVILLE, FL 32211 US			Mailing Address 8159 ARLINGTON EXPRESSWAY SUITE 29 JACKSONVILLE, FL 32211 US		
2. Principal Place of Business 9000 REGENCY SQUARE BLVD		3. Mailing Address 9000 REGENCY SQUARE BLVD			
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100			
City & State JACKSONVILLE, FL		City & State JACKSONVILLE			
Zip 32211		Country DUVAL		4. FEI Number 06-1744835	
Zip 32211		Country DUVAL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAPINSKI, MRS. MISTY 243 WHISTLER SPRING COURT JACKSONVILLE, FL 32226				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4231 POLO COURT City JACKSONVILLE, FL Zip Code 32277	
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.					
X SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete TRAVIS, CHARLES T DR. 8159 ARLINGTON EXPRESSWAY STE 29 JACKSONVILLE, FL 32211				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete LAPINSKI, MRS. MISTY 243 WHISTLER SPRING COURT JACKSONVILLE, FL 32226				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T <input type="checkbox"/> Delete TRAVIS, DEDORAH MRS 11152 OAKRIDGE DR. SO JACKSONVILLE, FL 32225				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4231 POLO COURT JACKSONVILLE, FL 32277					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
X SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					