2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008427

FILED Jan 08, 2007 Secretary of State

Entity Name: THE COCOA BEACH ALUMNI ASSOCIATION EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 320084 2190 REYNARD PLACE COCOA BEACH, FL 329320084 MERRITT ISLAND, FL 32952

Current Mailing Address: New Mailing Address:

P.O. BOX 320084 P.O. BOX 320084

COCOA BEACH, FL 329320084 COCOA BEACH, FL 32932

FEI Number: 04-3688197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TUCKER, JULI TUCKER, JULI 2190 REYNARD 2190 REYNARD

MERRITT ISLAND, FL 329525578 US MERRITT ISLAND, FL 32952 US

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: 01/08/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD () Delete Title: PRES (X) Change () Addition

 Name:
 TUCKER, JULI
 Name:
 TUCKER, JULI

 Address:
 2190 REYNARD
 Address:
 2190 REYNARD

City-St-Zip: MERRITT ISLAND, FL 329525578 City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD () Delete Title: VP (X) Change () Addition

Name: CROLEY, MIA Name: CROLEY, MIA

 Address:
 443 JOHNSON AVE #304
 Address:
 443 JOHNSON AVE #304

 City-St-Zip:
 CAPE CANAVERAL, FL 329304912
 City-St-Zip:
 CAPE CANAVERAL, FL 329304

Title: SD () Delete Title: SEC (X) Change () Addition

Name:BLEICHNER, JOANNName:BLEICHNER, JOANNAddress:355 DUET AVEAddress:355 DUET AVE

City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete Title: TRES (X) Change () Addition

 Name:
 TEIXEIRA, BRENDA
 Name:
 TEIXEIRA, BRENDA

 Address:
 3222 HIGH POINT DR
 Address:
 3222 HIGH POINT DR

 City-St-Zip:
 COCOA, FL 32926
 City-St-Zip:
 COCOA, FL 32926

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: JULI TUCKER PRES 01/08/2007