

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# N03000009665

Entity Name: EDUQUILTERS, INC.

Current Principal Place of Business:

96 WILLARD ST STE 304
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

96 WILLARD ST STE 304
COCOA, FL 32922

New Mailing Address:

FEI Number: 20-0384339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEANS, THOMAS W
47 W NEW HAVEN AVE STE 200
MELBOURNE, FL 32901 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: DP () Delete
Name: ENGEL, MARGIE
Address: 575 HWY A1A #502
City-St-Zip: SATELLITE BCH, FL 32937

Title: DV (X) Delete
Name: JAMES, ANNE
Address: 401 COCONUT DR
City-St-Zip: INDIALANTIC, FL 32903

Title: DV (X) Delete
Name: DAVIS, ANNA BELLE
Address: 674 DILIDO ST NE
City-St-Zip: PALM BAY, FL 32907

Title: DV () Delete
Name: PICARRO, DIJ
Address: 919 CARRIAGE HILL RD
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: NELSON, PAM
Address: 2501 ADDINGTON CIRCLE
City-St-Zip: VIERA, FL 32955

Title: D () Delete
Name: DEMUNECAS, MARY
Address: 3280 S DAIRY RD
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARGARITA CAMERON

DT

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date