

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 27, 2009  
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:**

245 HIGHWAY A1A  
601  
SATELLITE BEACH, FL 32937 US

FEI Number: 20-0384339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

Title: DT ( ) Delete  
Name: REPATH, LOUISE  
Address: 2713 GALINDO CIR  
City-St-Zip: MELBOURNE, FL 32940

Title: DS ( ) Delete  
Name: GAMBLIN, PATTI  
Address: 9990 S TROPICAL TRL  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ENGEL, MARGIE  
Address: 245 HWY A1A #601  
City-St-Zip: SATELLITE BCH, FL 32937 US

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

Title: DT (X) Change ( ) Addition  
Name: REPATH, LOUISE  
Address: 2713 GALINDO CIR  
City-St-Zip: MELBOURNE, FL 32940 US

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

I hereby certify that the information supplied with this filing does not qualify 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: MARGIE ENGEL

DP

02/27/2009

Electronic Signature of Signing Officer or Director

Date