2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State
02-13-2006 90026 023 ****61.25

DOCUMENT # N03000009897

1. Entity Name
EDUCATE TOMORROW, CORP

Principal Place of Business	Mailing Address
1200 BRICKELL AVE, SUITE 950 MIAMI, FL 33131	1200 BRICKELL AVE, SUITE 950 MIAMI, FL 33131

01262006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
1111 BRICKELL AVE.	1000 BRICKELL AVE.
Suite/Apt. #, etc.: 1700	Suite/Apt. #, etc.: 1020
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: DADE	Zip: 33131 Country: DADE

4. FEI Number: 51-0493526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAMIAN, MELANIE E
DAMIAM & VALORI
1200 BRICKELL AVE, SUITE 950
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: DAMIAN, MELANIE E.
Street Address (P.O. Box Number is Not Acceptable): DAMIAN & VALORI
1000 BRICKELL AVE, STE. 1020
City: MIAMI FL Zip Code: 33131

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EMMONS, VIRGINIA 1200 BRICKELL AVE SUITE 950 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR EMMONS, VIRGINIA 1000 BRICKELL AVE, SUITE 1020 MIAMI, FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCCARTHY, MELISSA 2190 HARITHY DR. DUNN LORING, VA 22027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAMIAN, MELANIE 1200 BRICKELL AVE SUITE 950 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIR DAMIAN, MELANIE 1000 BRICKELL AVE, SUITE 1020 MIAMI, FL 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR DHANJI, MARY 6643 NW 174 LANE MIAMI LAKES, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR SPOERK, LUCILLE S76W12500 MCSHANE DRIVE MUSKEGO, WI 53150	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR AMANDA KOZIAR 1428 BRICKELL AVE, 6TH FL MIAMI, FL 33131	☐ Change ☒ 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.

SIGNATURE: _____ 2/8/06 305.303.5890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

~~P# N03000009897~~ 400129 85

10.	IS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. RICHARD SIMRING 777 BRICKELL AVE, Suite 500 MIAMI, FL 33131	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. SCOTT DIMOND 300 SE 1ST STREET, SUITE 708 MIAMI, FL 33131	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. SANDRA UPEGUI 1500 MIAMI CENTER, 201 BISCAYNE Blvd MIAMI FL 33131	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. RICARDO BAJANDAS 1000 BRICKELL AVE, SUITE 1020 MIAMI, FL 33131	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. BOB HUDSON 1111 BRICKELL AVE, STE 1700 MIAMI FL 33131	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. PETER VALORI 1000 BRICKELL AVE, Suite 1020 MIAMI, FL 33131	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. MATT LEVIN 2699 S. BAYSHORE DR. SUITE 400 MIAMI, FL 33131	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR. STEPHANIE PITTS MIAMI CENTRAL 1781 NW 95 St. MIAMI FL 33147	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition

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SIGNATURE: _____ 2/8/04 305.303.5890

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #