## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000003128

Entity Name: EDUCASIA INC.

FILED Jan 20, 2005 Secretary of State

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

14009 CLEAR WATER LANE FT. MYERS, FL 33907

Current Mailing Address: New Mailing Address:

14009 CLEAR WATER LANE FT. MYERS, FL 33907

FEI Number: 51-0502665 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:

DIMAURO, SOFIE B 14009 CLEAR WATER LANE FT. MYERS, FL 33907 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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 DIMAURO, SOFIE B
 Name:
 DIMAURO, SOFIE B PRESIDE

 Address:
 14009 CLEAR WATER LANE
 Address:
 14009 CLEAR WATER LANE

 City-St-Zip:
 FT. MYERS, FL 33907
 FT. MYERS, FL 33907

Title: Title: (X) Change ( ) Addition ( ) Delete DIMAURO, GIOVANNI DIMAURO, GIOVANNI VICEPRE Name: Name: Address: 14009 CLEAR WATER LANE Address: 14009 CLEAR WATER LANE City-St-Zip: FT. MYERS, FL 33907 City-St-Zip: FT. MYERS, FL 33907

 Title:
 D () Delete
 Title:
 D (X) Change () Addition

 Name:
 SKLORENKO, DAVID
 Name:
 SKLORENKO, MICHAEL TREASUR

 Address:
 13887 LILLYPAD CIRCLE
 Address:
 2529 S.E 19TH PLACE

City-St-Zip: FT. MYERS, FL 33907 City-St-Zip: CAPE CORAL, FL 33904

 Title:
 ( ) Delete
 Title:
 D ( ) Change (X) Addition

 Name:
 Name:
 BEAN, KIRSTEN SECRETA

 Address:
 Address:
 475 W. SIERRA , APARTM. 166

 City-St-Zip:
 City-St-Zip:
 FRESNO,, CA 93704

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: SOFIE B. DIMAURO D/PR 01/20/2005