

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003128

FILED  
Jan 05, 2006  
Secretary of State

Entity Name: EDUCASIA INC.

## Current Principal Place of Business:

14009 CLEAR WATER LANE  
FT. MYERS, FL 33907

## New Principal Place of Business:

## Current Mailing Address:

14009 CLEAR WATER LANE  
FT. MYERS, FL 33907

## New Mailing Address:

FEI Number: 51-0502665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIMAURO, SOFIE B  
14009 CLEAR WATER LANE  
FT. MYERS, FL 33907 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: DIMAURO, SOFIE B  
Address: 14009 CLEAR WATER LANE  
City-St-Zip: FT. MYERS, FL 33907

Title: VPD ( ) Delete  
Name: BEAN, KIRSTEN  
Address: 1260 E. LOMA LINDA  
City-St-Zip: FRESNO, CA 39720

Title: SD ( ) Delete  
Name: SKLORENKO, MICHAEL  
Address: 2529 S.E 19TH PLACE  
City-St-Zip: CAPE CORAL, FL 33904

Title: TD ( ) Delete  
Name: FIELDS, DONALD W  
Address: 9590 N. KEYSTONE CT.  
City-St-Zip: FRESNO,, CA 93720

## 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:

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: SOFIE B. DIMAURO

DP

01/05/2006

Electronic Signature of Signing Officer or Director

Date