2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# N04000004731

Entity Name: EDUCATION SPECIALISTS, INCORPORATED

Current Principal Place of Business:

2899 COLLINS AVE
545
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

2899 COLLINS AVE
545
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 20-1482891 **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:

DIEDERICH, BARBARA
2899 COLLINS AVE
545
MIAMI BEACH, FL 33140 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: DPT ( ) Delete
Name: DIEDERICH, BARBARA
Address: 2899 COLLINS AVE #545
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: DV ( ) Delete
Name: LAURICELLA, RITA
Address: 2899 COLLINS AVE #545
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: DS ( ) Delete
Name: FLOWERS, BECKY
Address: 334 20TH ST. #208
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: FLOWERS, BECKY
Address: 334 20TH ST. #208
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: DS ( ) Change (X) Addition
Name: CHRIS, HOWARD
Address: 690 LINCOLN ROAD SUITE 200
City-St-Zip: MIAMI BEACH, FL 33139 US

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: BARBARA DIEDERICH DPT 06/30/2005
Electronic Signature of Signing Officer or Director — Date