


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000010995</b>	
1. Entity Name <b>EDUCATION &amp; ENLIGHTENMENT GROUP, INC.</b>	

Principal Place of Business <b>115 W CRAWFORD STREET LAKELAND, FL 33805</b>	Mailing Address <b>115 W CRAWFORD STREET LAKELAND, FL 33805</b>
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02202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-3171990</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WILLIAMS, JEFFREY 115 W CRAWFORD STREET LAKELAND, FL 33805</b>
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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)

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>03/15/06-80012-020 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WILLIAMS, JEFFREY 115 W CRAWFORD STREET LAKELAND, FL 33805</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SIMPKINS, LYNNE 2917 MARTHA AVE LAKELAND, FL 33805</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WRIGHT, DEBRA L 2645 MANOR LOOP WINTER HAVEN, FL 33880</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JOSEPH, DEIDRA 3579 MANOR LOOP LAKELAND, FL 33810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Deidra M. Joseph Debra L. Wright Jeffrey Williams 2/28/06 863-853-8554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #