

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004084

FILED
Jan 20, 2009
Secretary of State

Entity Name: HOME EDUCATION CONNECTION, INC.

Current Principal Place of Business:

2054 NW 29TH ROAD
BOCA RATON, FL 334316304

New Principal Place of Business:

Current Mailing Address:

2054 NW 29TH ROAD
BOCA RATON, FL 334316304

New Mailing Address:

FEI Number: 20-2716649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARBER, ELIZABETH ESQ.
3512 PINE HAVEN CIRCLE
BOCA RATON, FL 33431 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: PRES () Delete
Name: CAMPBELL, JEANNE
Address: 2054 NW 29TH ROAD
City-St-Zip: BOCA RATON, FL 33431 US

Title: VP () Delete
Name: PUCHFERRAN, SUSAN
Address: 20921 PINAR TRAIL
City-St-Zip: BOCA RATON, FL 33433 US

Title: SEC () Delete
Name: BARBER, ELIZABETH
Address: 3512 PINE HAVEN CIRCLE
City-St-Zip: BOCA RATON, FL 33431 US

Title: TREA () Delete
Name: CAMPBELL, JEANNE
Address: 2054 NW 29TH ROAD
City-St-Zip: BOCA RATON, FL 334316304 US

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 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: JEANNE M CAMPBELL

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date