

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006867

FILED  
Apr 19, 2006  
Secretary of State

**Entity Name:** HIGHER EDUCATION RESOURCE CENTER CORP

**Current Principal Place of Business:**

6699 90TH AVE N  
D  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

6699 90TH AVE N  
D  
PINELLAS PARK, FL 33782

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ECKARD, ROBERT D  
777 ALDERMAN RD  
PALM HARBOR, FL 34683 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: P ( ) Delete  
Name: PALLANTE, CHRISTOPHER A  
Address: 6699 90TH AVE N SUITE A  
City-St-Zip: PINELLAS PARK, FL 33782

Title: VP ( ) Delete  
Name: PALLANTE, TARA  
Address: 6699 90TH AVE N SUITE A  
City-St-Zip: PINELLAS PARK, FL 33782

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CHRISTOPHER PALLANTE

CEO

04/19/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date