

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008365

FILED
Apr 16, 2009
Secretary of State

Entity Name: NOKUSE EDUCATION, INC.

Current Principal Place of Business:

11490 EMERALD COAST PARKWAY
SUITE 300
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

11490 EMERALD COAST PARKWAY
SUITE 300
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 65-1290397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKS, DIANE
11490 EMERALD COAST PKWY
STE 300
MIRAMAR BEACH, FL 32550 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: PSTD () Delete
Name: DAVIS, M C
Address: 11490 EMERALD COAST PKWY, STE 300
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: VPD () Delete
Name: WILKS, DIANE
Address: 11490 EMERALD COAST PKWY, STE 300
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: VPD () Delete
Name: ARESCO, MATT
Address: 11490 EMERALD COAST PKWY, STE 300
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: D () Delete
Name: GRAFF, SANDY
Address: 500 CREEKWOOD KENNEL LANE
City-St-Zip: FREEPORT, FL 32439

Title: D () Delete
Name: SCALLY, CHRISTINA
Address: 653 DON BISHOP ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

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:

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: DIANE WILKS

VPD

04/16/2009

Electronic Signature of Signing Officer or Director

Date