

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008365

FILED
Apr 07, 2010
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:

Name and Address of New Registered Agent:

WILKS, DIANE
11490 EMERALD COAST PKWY
STE 300
MIRAMAR BEACH, FL 32550 US

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
Name: DAVIS, M C
Address: 11490 EMERALD COAST PKWY, STE 300
City-St-Zip: MIRAMAR BEACH, FL 32550

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: M C DAVIS

PSTD

04/07/2010

Electronic Signature of Signing Officer or Director

Date