

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010178

FILED
Feb 11, 2008
Secretary of State

Entity Name: EDUCACION PRIMERO INC.

Current Principal Place of Business:

1413 WESTCHESTER DRIVE NORTH
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19071
WEST PALM BEACH, FL 33416 US

New Mailing Address:

FEI Number: 20-5625890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEFFEN, THOMAS H
1413 WESTCHESTER DRIVE NORTH
WEST PALM BEACH, FL 33416 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: STEFFEN, THOMAS H DR.
Address: 1413 WESTCHESTER DRIVE NORTH
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: DIR () Delete
Name: ROSS, RICHARD
Address: CALLE CAPRITA 147
City-St-Zip: EL VALLE DE ANTON, CO PANAMA RP

Title: VP () Delete
Name: ROSS, MINTY
Address: CALLE CAPRITA 147
City-St-Zip: EL VALLE DE ANTON, CO PANAMA RP

Title: VP () Delete
Name: PARSICK, DENNIS
Address: ENTREGA GENERAL PLAYA STA CLARA
City-St-Zip: PROVINCIA DE COCLE, CO PANAMA RP

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: THOMAS H STEFFEN

P

02/11/2008

Electronic Signature of Signing Officer or Director

Date