

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005795

FILED
Jul 07, 2008
Secretary of State

Entity Name: EDUCATIONAL EXPLORERS INC.

Current Principal Place of Business:

8835 LEM TURNER ROAD
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

8835 LEM TURNER ROAD
JACKSONVILLE, FL 32208

New Mailing Address:

8829 LEM TURNER ROAD
JACKSONVILLE, FL 32208

FEI Number: 26-0294914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, CANDIA V
5821 LUSAID DRIVE
JACKSONVILLE, FL 32209 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: WILLIAMS, CANDIA V
Address: 5821 LUSAID DRIVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: WILSON, ROY
Address: 2240 COLLEGE CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32209

Title: SEC () Change (X) Addition
Name: HAYNES, JAMILLAH
Address: 8829 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: TRE () Change (X) Addition
Name: MORIA, DAVIS
Address: 8829 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: CH () Change (X) Addition
Name: KIRKLAND, ANTONIO
Address: 8829 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

Title: CH () Change (X) Addition
Name: DUNBAR, ROBERT
Address: 8829 LEM TURNER ROAD
City-St-Zip: JACKSONVILLE, FL 32208

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: CANDIA V. WILLIAMS

PRES

07/07/2008

Electronic Signature of Signing Officer or Director

Date