

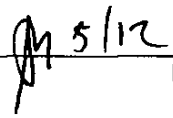
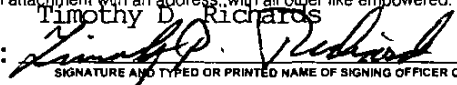


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

61-25

DOCUMENT # N07000008395 1. Entity Name SPECIAL EDUCATION FOUNDATION, INC.						FILED 08 MAY -7 AM 9:20 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business C/O RICHARDS 2665 S BAYSHORE DRIVE, STE 703 MIAMI, FL 33133				Mailing Address C/O RICHARDS 2665 S BAYSHORE DRIVE, STE 703 MIAMI, FL 33133			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 26-0786552		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WORLD CORPORATE SERVICES, INC. 665 S BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133				Name World Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive, Suite 703 City Miami			
8. 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. I am familiar with, and accept the obligations of registered agent. Timothy D. Richards, President SIGNATURE  DATE 4/14/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDS, TIMOTHY D 2665 S BAYSHORE DRIVE, STE 703 MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE FRANCO, PAULA 12080 SW 127TH AVE, APT 158703 MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D De Franco, Paula 2665 S. Bayshore Drive, Suite 703 Miami, FL 33133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600129596018 05/15/08--01020--022 **800.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Timothy D. Richards SIGNATURE:  DATE 4/14/08 (305) 858-9900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							