

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002360

FILED
Mar 23, 2009
Secretary of State

Entity Name: EDUCAID NETWORK, INC.

Current Principal Place of Business:

1106 NW 7TH TERRACE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1106 NW 7TH TERRACE
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 26-2198394 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH K. NOFIL, P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319 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: DP () Delete
Name: SUFFRIB, PIERRE
Address: 1106 NW 7TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DVP () Delete
Name: HENRY, REGINE
Address: 1106 NW 7TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DT () Delete
Name: JOSEPH, NAMPHIE
Address: 15725 NW 11TH COURT
City-St-Zip: MIAMI, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SUFFRIN, PIERRE
Address: 1106 NW 7TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33311

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: PIERRE SUFFRIN

DP

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date