


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90303 019 \*\*\*\*61.25

<b>DOCUMENT # N22541</b>	
1. Entity Name <b>FLORIDA PUBLIC INTEREST RESEARCH GROUP EDUCATION FUND, INC.</b>	

Principal Place of Business <b>704 W. MADISON ST TALLHASSEE FL 32304 US</b>	Mailing Address <b>704 W. MADISON ST TALLHASSEE FL 32304 US</b>
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2. Principal Place of Business <b>926 E. Park Ave</b>	3. Mailing Address <b>926 E. Park Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

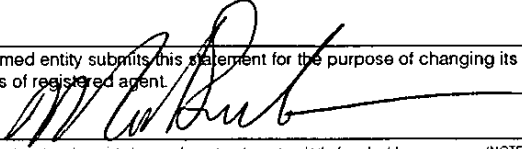
City & State <b>Tallahassee FL</b>	City & State <b>Tallahassee FL</b>
Zip <b>32301</b>	Zip <b>32301</b>
Country <b>Leon</b>	Country <b>Leon</b>



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-2854230</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>FERRULO, MARK 704 W. MADISON ST TALLHASSEE FL 32304</b>		
7. Name and Address of New Registered Agent Name <b>Mark Ferrulo</b> Street Address (P.O. Box Number is Not Acceptable) <b>926 E. Park Ave</b> City <b>Tallahassee</b> FL Zip Code <b>32301</b>		

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.

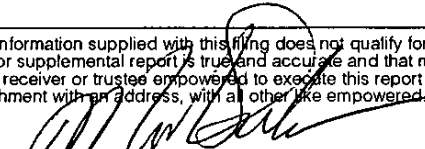
SIGNATURE  DATE **3/8/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD TRILSCH, RICHARD 218 D STREET SE WASHINGTON DC 20003</b> <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	<b>VD LINDBERG, SUSANNAH 1331 PALMETTO DR. WINTER PARK FL 32789</b> <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	<b>D FERRULO, MARK 704 W. MADISON ST TALLHASSEE FL 32304</b> <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	<b>D ATHAN, MANUEL 218 D STREET SE WASHINGTON DC 20003</b> <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
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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:  DATE **3/8/05** Daytime Phone # **850 224-3321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR