

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90083 039 ****70.00

DOCUMENT # N23937

1. Entity Name
CENTRAL EDUCATIONAL BROADCASTING, INC.



Principal Place of Business

**C/O LARRY BOAN
6767 20TH STREET
VERO BEACH, FL 32966-7904**

Mailing Address

**C/O LARRY BOAN
6767 20TH STREET
VERO BEACH, FL 32966-7904**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOAN, LARRY
6767 20TH STREET
VERO BEACH, FL**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
BOAN, LARRY
1366 40TH AVENUE
VERO BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HAMILTON, JON
960 - 28TH AVE.
VERO BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
TIPTON, WILLIAM
5810 39TH PLACE
VERO BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07

Date

112-564-0919

Daytime Phone #