


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90048 046 \*\*\*\*70.00

<b>DOCUMENT # N23937</b> 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**



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

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	

**DO NOT WRITE  
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.

<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1/10/08</b> <small>Date</small>	<b>772-569-0919</b> <small>Daytime Phone #</small>
---	---------------------------------------	---