2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42498

FILED Aug 30, 2005 Secretary of State

Entity Name: GALE RAGAN EDUCATIONAL CONSULTING FIRM, INC.

Current Principal Place of Business: New Principal Place of Business: 16081 123RD TER N 2110 JACKSON BLUFF RD JUPITER FARMS, FL 33478 6A TALLAHASSEE, FL 32304 US **Current Mailing Address: New Mailing Address:** 1166 ATLANTIC DR NW 1673 GREENOUGH RD ATLANTA, GA 30318 CAMILLA, GA 31730 US FEI Number: 56-2314543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAGAN, GALE 2110 JACKSON BLUFF ROAD TALLAHASSEE, FL 32304 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition REID, MELVIN T JR Name: Name: 2110 JACKSON BLUFF ROAD, APT 6A Address: Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: Title: () Delete Title: () Change () Addition SANTOS, ACILEGRA Name: Name: Address: 1944 ANDREWS AVE Address: City-St-Zip: **BRONX, NY 10453** City-St-Zip: Title: () Delete Title: (X) Change () Addition WARREN, PATRICIA Name: RAGAN, GALE Name: 1673 GREENOUGH RD 1673 GREENOUGH RD Address: Address: City-St-Zip: CAMILLA, GA 31730 City-St-Zip: CAMILLA, GA 31730 Title: Title: (X) Change () Addition () Delete Name: REID, DAVID J Name: REID, DAVID J 1166 ATLANTIC DR NW 2110 JACKSON BLUFF RD Address: Address: TALLAHASSEE, FL 32304 US City-St-Zip: ATLANTA, GA 30318 City-St-Zip: Title: AST () Delete Title: (X) Change () Addition WARREN, TAMARA WARREN, PATRICIA Name: Name: 4161 WIND CT 401 US HWY 19 SOUTH Address: Address: City-St-Zip: NORCROSS, GA 30093 City-St-Zip: CAMILLA, GA 31730 US Title: () Delete Title: (X) Change () Addition BENNETT, EDITH BENNETT, EDITH Name: Name: Address: 1505 COLQUITT AVE. Address: 1505 COLQUITT AVE ALBANY, GA 71305 ALBANY, GA 71305 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GALE RAGAN S 08/30/2005