2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42834

FILED Feb 27, 2009 Secretary of State

Entity Name: THE HOME EDUCATION FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1429 HIGHLAND DR. TALLAHASSEE, FL 32317 **Current Mailing Address: New Mailing Address:** P.O. BOX 12563 TALLAHASSEE, FL 32317 FEI Number: 59-3057990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DICKINSON, BRENDA D 1427 PINE STREET TALLAHASSEE, FL 32303 US 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 (X) Change () Addition MORAN, PAUL MORAN, PAUL Name: Name: 46 N WASHINGTON BLVD SUITE 25 A Address: 46 N WASHINGTON BLVD SUITE 25 A Address: City-St-Zip: SARASOTA, FL City-St-Zip: SARASOTA, FL 34246 Title: Title: (X) Change () Addition () Delete DICKINSON, BRENDA, DICKINSON, BRENDA, Name: Name: Address: 1429 HIGHLAND DR. Address: 1429 HIGHLAND DR. City-St-Zip: TALLAHASSEE, FL City-St-Zip: TALLAHASSEE, FL 32317 Title: () Delete Title: () Change () Addition GUY COBURN, Name: Name: Address: 4627 CASTILE WAY S. Address: City-St-Zip: SAINT PETERSBURG, FL 33712 City-St-Zip: (X) Change () Addition Title: Title: () Delete MUNI ROBERT. Name: Name: MUNI ROBERT, 4411 NW 19TH AVENUE 4411 NW 19TH AVENUE Address: Address: City-St-Zip: GAINESVILLE, FL City-St-Zip: GAINESVILLE, FL 32605 Title: () Delete Title: () Change () Addition HATCHELL, PAM Name: Name: 3404 CAMERON MILLS RD. Address: Address: City-St-Zip: ALEXANDRIA, VA 22305 City-St-Zip: Title: () Delete Title: (X) Change () Addition TAYLOR, CHRÍS PUCHFERRAN, SUSAN Name: Name: Address: 2230 CORDOVA AVE. Address: 20921PINAR TRAIL VERO BEACH, FL 32960 BOCA RATON, FL 33433 City-St-Zip: 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: BRENDA D. DICKINSON PRES 02/27/2009