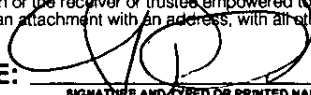


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90175 041 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                                                                   |                                                                                                                                                                                     |                                                                                              |                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N94000000089</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                                                   |                                                                                                                                                                                     |             |                                                                              |
| <b>1. Entity Name</b><br>FRIENDS OF PUBLIC EDUCATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                                                                   |                                                                                                                                                                                     |                                                                                              |                                                                              |
| <b>Principal Place of Business</b><br>NORTH BEACH ELEM<br>4100 PRAIRE AVE<br>MIAMI BEACH, FL 33140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                                   | <b>Mailing Address</b><br>NORTH BEACH ELEM<br>4100 PRAIRE AVE<br>MIAMI BEACH, FL 33140                                                                                              |                                                                                              |                                                                              |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                                   | <b>3. Mailing Address</b>                                                                                                                                                           |                                                                                              |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            |                                                                                                   | Suite, Apt. #, etc.                                                                                                                                                                 |                                                                                              |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                                                   | City & State                                                                                                                                                                        |                                                                                              |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                            | Country                                                                                           |                                                                                                                                                                                     | Zip                                                                                          |                                                                              |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | Country                                                                                           |                                                                                                                                                                                     | <b>4. FEI Number</b><br>65-0481047                                                           |                                                                              |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                                                                   |                                                                                                                                                                                     | <b>\$8.75 Additional Fee Required</b>                                                        |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br><br>HILL, CINDY B<br>C/O FRIENDS OF NORTH BEACH<br>4100 PRAIRE AVE<br>MIAMI BEACH, FL 33140                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                                                   | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |                                                                                              |                                                                              |
| <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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                                   |                                                                                                                                                                                     |                                                                                              |                                                                              |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            |                                                                                                   |                                                                                                                                                                                     |                                                                                              |                                                                              |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                     | <b>Make check payable to Florida Department of State</b>                                     |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            |                                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                        |                                                                                              |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P<br>HILL, CINDY B<br>4045 SHERIDAN AVE<br>MIAMI BEACH, FL 33140           | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                  | TREASURER - DIRECTOR<br>MARK D. BALZLI<br>1929 SUNSET HARBOUR DRIVE<br>MIAMI BEACH, FL 33139 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TR<br>SCHWARTZ, BRENDA<br>80 NORTH HIBISCUS DRIVE<br>MIAMI BEACH, FL 33139 | <input checked="" type="checkbox"/> Delete                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                  | SECRETARY - DIRECTOR<br>ELIZABETH MCGRATH<br>4468 ROYAL PALM AVE.<br>MIAMI BEACH, FL 33140   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>KALLMAN, MIRANDA<br>631 ISLAND RD<br>MIAMI, FL 33137                  | <input checked="" type="checkbox"/> Delete                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                  | PRESIDENT - DIRECTOR<br>HILL, CINDY B<br>4045 SHERIDAN AVE.<br>MIAMI BEACH, FL 33140         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                  |                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                  |                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            | <input type="checkbox"/> Delete                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                  |                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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> |                                                                            |                                                                                                   |                                                                                                                                                                                     |                                                                                              |                                                                              |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                                                                   | Cindy Hill<br>President                                                                                                                                                             |                                                                                              |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                                                   | Date: 4.19.07 Daytime Phone #: 305-496-4591                                                                                                                                         |                                                                                              |                                                                              |