


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000000421	
1. Entity Name EDUCATIONAL ASSISTANCE FOUNDATION, INC.	

Principal Place of Business 2600 N.E. 24 STREET LIGHTHOUSE POINT, FL 33064	Mailing Address 2600 N.E. 24 STREET LIGHTHOUSE POINT, FL 33064
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DO NOT WRITE IN THIS SPACE



02032005 No Chg-NP CR2E037 (10/03)

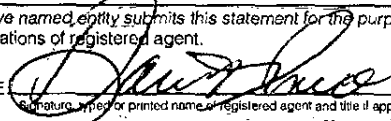
4. FEI Number 65-0486694	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PRICE, DAVID T 2600 N.E. 24 STREET LIGHTHOUSE POINT, FL 33064
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

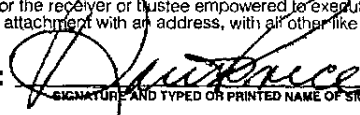
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PRICE, DAVID T 2600 N.E. 24 STREET LIGHTHOUSE POINT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KEY, ROBERT R LITTLE ORCHARD, MARSH HARBOUR GREAT ABACO, THE BAHAMAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAIGHIN, LIANN KEY PELICAN SHORES, MARSH HARBOUR GREAT ABACO, THE BAHAMAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEY, EMILY M LITTLE ORCHARD, MARSH HARBOUR GREAT ABACO, THE BAHAMAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAIGHIN, JAMES PELICAN SHORES, MARSH HARBOUR GREAT ABACO, THE BAHAMAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALVALCANTI, GLYNDA 315 AVE A FT. PIERCE, FL 34950

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04/27/05-80114-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DAVID T. PRICE 4-27-05 954-421-9399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #