2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000000421

1. Entity Name
EDUCATIONAL ASSISTANCE FOUNDATION, INC.

Principal Place of Business	Mailing Address
2600 N.E. 24 STREET LIGHTHOUSE POINT, FL 33064	2600 N.E. 24 STREET LIGHTHOUSE POINT, FL 33064

DO NOT WRITE IN THIS SPACE

02272006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0486694
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	PRICE, DAVID T
STREET ADDRESS	2600 N.E. 24 STREET
CITY-ST-ZIP	LIGHTHOUSE POINT, FL
TITLE	DP
NAME	KEY, ROBERT R
STREET ADDRESS	LITTLE ORCHARD, MARSH HARBOUR
CITY-ST-ZIP	GREAT ABACO, THE BAHAMAS,
TITLE	D
NAME	KAIGHIN, LIANN KEY
STREET ADDRESS	PELICAN SHORES, MARSH HARBOUR
CITY-ST-ZIP	GREAT ABACO, THE BAHAMAS,
TITLE	D
NAME	KEY, EMILY M
STREET ADDRESS	LITTLE ORCHARD, MARSH HARBOUR
CITY-ST-ZIP	GREAT ABACO, THE BAHAMAS,
TITLE	D
NAME	KAIGHIN, JAMES
STREET ADDRESS	PELICAN SHORES, MARSH HARBOUR
CITY-ST-ZIP	GREAT ABACO, THE BAHAMAS,
TITLE	D
NAME	CALVALCANTI, GLYNDA
STREET ADDRESS	315 AVE A
CITY-ST-ZIP	FT. PIERCE, FL 34950

U00000518868
05/02/06-80029-021 61.25

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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.

SIGNATURE: DAVID T. PRICE 4-17-06 954-421-9399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #