


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90109 003 \*\*\*\*61.25

<b>DOCUMENT # N94000000421</b>	
1. Entity Name <b>EDUCATIONAL ASSISTANCE FOUNDATION, INC.</b>	

Principal Place of Business <b>2600 N.E. 24 STREET LIGHTHOUSE POINT, FL 33064</b>	Mailing Address <b>2600 N.E. 24 STREET LIGHTHOUSE POINT, FL 33064</b>
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04172008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0486694</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>PRICE, DAVID T 2600 N.E. 24 STREET LIGHTHOUSE POINT, FL 33064</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE: _____
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<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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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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: 	Date: <b>4-27-08</b>	Daytime Phone #: <b>954-421-9399</b>
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