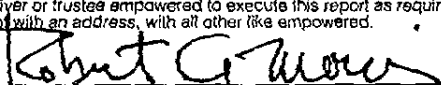


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000006250			
1. Entity Name WORLD CLASS EDUCATIONAL RESEARCH FOUNDATION, INC.			
Principal Place of Business 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231 US		Mailing Address PO BOX 20708 SARASOTA, FL 34276 US	
DO NOT WRITE IN THIS SPACE			
		04252006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 65-0636034	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIDER, WILLIAM 200 S ORANGE AVE SARASOTA, FL 34236		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		000000540186 05/10/06-80008-014 61.25	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSTD MORRIS, ROBERT A JR 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MORRIS, PAMELA J 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MORRIS, ROBERT A III 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
DO NOT WRITE IN THIS SPACE			
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: 		ROBERT A MORRIS JR PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/06 Date	
		941-923-6353 Daytime Phone #	