2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# N95000000921

Entity Name: BRIGHT IDEAS EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

401 SHIRLEY DRIVE
PAHOKEE, FL 33476 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 458
PAHOKEE, FL 33476 US

New Mailing Address:

FEI Number: 65-0557984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, HELEN
930 PALM BLVD
PAHOKEE, FL 33476 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	YOUNG, VERONICA	
Address:	3031 SEVILLE ST	
City-St-Zip:	PAHOKEE, FL	
Title:	VP	( ) Delete
Name:	JOSEPH, MICHAEL H JR	
Address:	3030 SEVILLE STREET	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	ST	( ) Delete
Name:	MARTIN, HELEN	
Address:	930 PALM BLVD	
City-St-Zip:	PAHOKEE, FL	
Title:	D	( ) Delete
Name:	WALKER, DIANE	
Address:	868 EISENHOWER DR.	
City-St-Zip:	PAHOKEE, FL	
Title:	D	( ) Delete
Name:	JOSEPH, LINDA	
Address:	3030 SEVILLE STREET	
City-St-Zip:	PAHOKEE, FL 33476	
Title:	D	( ) Delete
Name:	HARVEY, KAREN	
Address:	284 CYPRESS AVE.	
City-St-Zip:	PAHOKEE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA JOSEPH D 04/29/2007

Electronic Signature of Signing Officer or Director — Date