

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name
Education Helps, Inc.

Principal Place of Business
*601 45th St. W.
Bradenton, FL. 34209*

Mailing Address
*P.O. BOX 14444
Bradenton, FL. 34280-4444*

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified <i>6/29/95</i>	3a. Date of Last Report <i>4/96</i>
4. FEI Number <i>65-0591551</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<i>David Jonathan 601 45th St. W. Bradenton, FL. 34209</i>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *David Jonathan* DATE *4.23.97*

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<i>President</i>
STREET ADDRESS	<i>Carol Lynn Stecher</i>
CITY-ST-ZIP	<i>2015 64th St. Ct. E. Bradenton, FL. 34208</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Director</i>
STREET ADDRESS	<i>Kevin Holmes</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Director</i>
STREET ADDRESS	<i>Ruby Byrd</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Director</i>
STREET ADDRESS	<i>Patrick White</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Owner</i>
STREET ADDRESS	<i>David Jonathan</i>
CITY-ST-ZIP	<i>601 45th St. W.</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>Director</i>
2.3 STREET ADDRESS	<i>Kevin Holmes</i>
2.4 CITY-ST-ZIP	<i>3303 33rd St. W. Bradenton, FL. 34205</i>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<i>Director</i>
3.3 STREET ADDRESS	<i>Ruby Byrd</i>
3.4 CITY-ST-ZIP	<i>1309 14th St. E. Bradenton, FL. 34208</i>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>Director</i>
4.3 STREET ADDRESS	<i>Patrick White</i>
4.4 CITY-ST-ZIP	<i>6907 9th Ave. Dr. N. W. Bradenton, FL. 34209</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Jonathan* DATE *4.23.97* 941-747-1991

CR2E037 (9/96)