

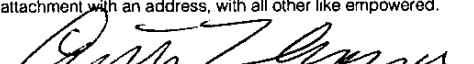


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90090 016 ****61.25

DOCUMENT # N96000004819 1. Entity Name EDUCATIONAL HORIZONS, INC.					
Principal Place of Business 1240 BANANA RIVER DRIVE INDIAN HARBOR BEACH, FL 32937 US			Mailing Address PO BOX 360267 MELBOURNE, FL 32936-0267 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO BOX 372478 Suite, Apt. #, etc.		40053601 	
City & State 		City & State SATELLITE BEACH, FL		4. FEI Number 59-3405435	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, CYNTHIA D 1240 BANANA RIVER DRIVE INDIAN HARBOR BEACH, FL 32937				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT THOMAS, CYNTHIA D 3219 S. ATLANTIC AVENUE COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roderick Rejsar 11 Inkwood way Indian Harbour Beach FL 32937	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIMSTEAD, AMANDA 1743 MISSION BAY CIR., APT 204 VIERRA, FL 32955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joyce Williams 2955 Pineda Causeway Melbourne FL 32940	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, ALBERT M 3219 S. ATLANTIC AVENUE COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, BILLY SR 1815 AVACADO AVE APT B MELBOURNE, FL 329357633	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DENISE 2550 WARREN STREET MELBOURNE, FL 32904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/14/06 Daytime Phone # 321-779-0031		