

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004819

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: EDUCATIONAL HORIZONS, INC.

## Current Principal Place of Business:

1240 BANANA RIVER DRIVE  
INDIAN HARBOR BEACH, FL 32937 US

## New Principal Place of Business:

## Current Mailing Address:

POB 372478  
SATELLITE BEACH, FL 329370478 US

## New Mailing Address:

FEI Number: 59-3405435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS, CYNTHIA D  
1240 BANANA RIVER DRIVE  
INDIAN HARBOR BEACH, FL 32937 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: PEJSAR, RODERICK  
Address: 11 INWOOD WAY  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: T ( ) Delete  
Name: WILLIAMS, JOYCE  
Address: 5770 NORTH WICKHAM ROAD  
City-St-Zip: MELBOURNE, FL 32940

Title: S (X) Delete  
Name: LEWIS, BILLY SR  
Address: 1815 AVOCADO AVENUE APARTMENT B  
City-St-Zip: MELBOURNE, FL 329357633

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: PEJSAR, RODERICK  
Address: 11 INWOOD WAY  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: T (X) Change ( ) Addition  
Name: WILLIAMS, JOYCE  
Address: 1351 N. COURTENAY PARKWAY, STE BB  
City-St-Zip: MERRITT ISLAND, FL 32953

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: CYNTHIA D. THOMAS

RA

02/19/2009

Electronic Signature of Signing Officer or Director

Date