

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

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000006869

1. Entity Name
INVENTORS EDUCATIONAL FOUNDATION, INC.



Principal Place of Business
**4131 NW 13TH ST., SUITE 220
GAINESVILLE, FL 32609**

Mailing Address
**7705 NW 48 ST
STE 120
MIAMI, FL 33166**

DO NOT WRITE IN THIS SPACE



04252006 No Chg-NP CRZE037 (11/05)

4. FEI Number
59-3486153

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MILLER, EDWARD D
7705 NW 48 ST
STE 120
MIAMI, FL 33166**

**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 re-registering)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIDDLE, PAMELA H
STREET ADDRESS	4131 NW 13TH ST., SUITE 220
CITY-STATE-ZIP	GAINESVILLE, FL 32609
TITLE	D
NAME	MILLER, EDWARD D
STREET ADDRESS	7705 NW 48 ST #120
CITY-STATE-ZIP	MIAMI, FL 33166
TITLE	D
NAME	KAIN, ROBERT C JR.
STREET ADDRESS	750 SE 3RD AVE., SUITE 100
CITY-STATE-ZIP	FT. LAUDERDALE, FL 33316
TITLE	D
NAME	GREEN, JULIE
STREET ADDRESS	15419 PLANTATION OAI DR., #8
CITY-STATE-ZIP	TAMPA, FL 33647
TITLE	D
NAME	GERARD, KATHLEEN A
STREET ADDRESS	4046 HUNTINGTON FOREST BLVD.
CITY-STATE-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U00000548599
05/12/06-80070-007 70.00

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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: Edward D. Miller **EDWARD D. MILLER** 4/25/06 305.592.1170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #