

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2007 8:00 am
Secretary of State

09-14-2007 90003 008 ****70.00

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		
2. Principal Place of Business - No P.O. Box # 540 Biltmore Way			3. Mailing Address 540 Biltmore Way		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Coral Gables, FL			City & State Coral Gables, FL		
Zip 33134		Country USA		Zip 33134	
Country USA		4. FEI Number 59-3486153			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLER, EDWARD D 7705 NW 48 ST STE 120 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name: EDWARD D MILLER Street Address (P.O. Box Number is Not Acceptable) 540 Biltmore Way City: Coral Gables FL Zip Code: 33134		
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: EDWARD D. MILLER <i>Director</i> <i>Edward D Miller</i> 9-12-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME RIDDLE, PAMELA H STREET ADDRESS 4131 NW 13TH ST., SUITE 220 CITY-ST-ZIP GAINESVILLE, FL 32609	<input type="checkbox"/> Delete		TITLE Address EDWARD D. MILLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 540 Biltmore Way STREET ADDRESS Coral Gables, FL 33134 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MILLER, EDWARD D STREET ADDRESS 7705 NW 48 ST #120 CITY-ST-ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE D NAME KAIN, ROBERT C JR. STREET ADDRESS 750 SE 3RD AVE., SUITE 100 CITY-ST-ZIP FT. LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	
TITLE D NAME GREEN, JULIE STREET ADDRESS 15419 PLANTATION OAI DR., #8 CITY-ST-ZIP TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE D NAME GERARD, KATHLEEN A STREET ADDRESS 4048 HUNTINGTON FOREST BLVD. CITY-ST-ZIP JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	
TITLE D NAME (Empty) STREET ADDRESS (Empty) CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE (Empty) NAME (Empty) STREET ADDRESS (Empty) CITY-ST-ZIP	<input type="checkbox"/> Delete	
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: <i>Edward D Miller</i> <i>Director</i> EDWARD D MILLER 9.12.07 305-567-2505			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		