2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001889

City-St-Zip:

Entity Name: EDUCATING EVERYONE, INC.

FILED May 02, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8 WINTER ST SUITE 508 BOSTON, MA 02108 US **New Mailing Address: Current Mailing Address:** 8 WINTER ST SUITE 508 BOSTON, MA 02108 US FEI Number: 65-0821020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOPER, IW CPA 1692 WEST HIBISCUS BLVD MELBOURNE, FL 34236 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete FLORES, JOHN G PH.D. Name: Name: 8 WINTER ST., SUITE 508 Address: Address: City-St-Zip: BOSTON, MA 02108 US City-St-Zip: Title: CD () Delete Title: CD (X) Change () Addition MATHIS, GLENDA Name: HARRISON, DEBORAH PHD Name: Address: 3417 NORTH FIRST Address: 6915 CAT CREEK RUN City-St-Zip: ABILENE, TX 79603 US City-St-Zip: AUSTIN, TX 78731 US Title: CD () Delete Title: (X) Change () Addition ALLEN, MARSHALL E Name: HARDY, DARCY PHD Name: 0501 TELECOMMUNICATIONS CENTER 702 COLORADO STREET, SUITE 400 Address: Address: City-St-Zip: STILLWATER, OK 740786060 City-St-Zip: AUSTIN, TX 78701 Title: TD () Delete Title: () Change () Addition VAUTROT, JAMES E Name: Name: 200 S HARBOUR CITY BLVD SUITE 201 Address: Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: Title: Title: PW () Delete () Change () Addition WESTFALL, PHILLIP J PH.D. Name: Name: 2950 Q ST. BUILDING 645 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: JOHN G. FLORES, PHD E.D. 05/02/2005

WRIGHT-PATTERSON APB, OH 45433