

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003113

FILED  
Mar 11, 2008  
Secretary of State

**Entity Name:** EDUCATIONAL REVIEW SYSTEMS, INC.

**Current Principal Place of Business:**

3015 SHANNON LAKES N.  
SUITE 303  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

3015 SHANNON LAKES N.  
SUITE 303  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 59-1297030

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLASS, STEVE  
3015 SHANNON LAKES N.  
SUITE 303  
TALLAHASSEE, FL 32309 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: D ( ) Delete  
Name: GLASS, STEVE  
Address: 3015 SHANNON LAKES N., STE 303  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: GLASS, DEBRA  
Address: 3015 SHANNON LAKES N., STE 303  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: GLASS, PAT  
Address: 3015 SHANNON LAKES N., STE 303  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: STEVE GLASS

P

03/11/2008

Electronic Signature of Signing Officer or Director

Date