2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006894

FILED Apr 05, 2005 Secretary of State

Entity Name: EL SHADDAI ECONOMIC EDUCATION DEVELOPMENT, INC.

Current Principal Place of Business: New Principal Place of Business:

4326 N STATE RD # 7 2620 S.W. 8TH STREET LAUDERDALE LAKE, FL 33319 FT. LAUDERDALE, FL 33312

Current Mailing Address: New Mailing Address:

2620 SW 8TH ST FORT LAUDERDALE, FL 33312

FEI Number: 65-0883733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GORDON, SHARON
4330 N. SR #7
GORDON, SHARON
2620 S.W 8TH ST.

LAUDERDALE LAKES, FL 33319 US FT. LAUDERDALE, FL 33312 US

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: SHARON GORDON 04/05/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 GORDON, SHARON
 Name:

 Address:
 2620 S.W. 8TH ST.
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 33312
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 COLLINS, DELORIS
 Name:

 Address:
 230 N. 69TH WAY
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33024
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 COLL, CHRISTOPHER
 Name:
 MILLER, CHRISTOPHER

 Address:
 2620 SW 8TH ST.
 Address:
 2620 SW 8TH ST.

City-St-Zip: FORT LAUDERDALE, FL 33312 City-St-Zip: FORT LAUDERDALE, FL 33312

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.

SIGNATURE: SHARON GODON DP 04/05/2005