2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N99000002344

Entity Name: AMERICAN EDUCATIONAL DEVELOPMENT, INCORPORATED

Current Principal Place of Business:

5666 SEMINOLE BLVD, SUITE 2
SEMINOLE, FL 33772

New Principal Place of Business:

Current Mailing Address:

5666 SEMINOLE BLVD, SUITE 2
SEMINOLE, FL 33772

New Mailing Address:

FEI Number: 59-3564028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAY, ZACHARY S
5666 SEMINOLE BLVD, SUITE 2
SEMINOLE, FL 33772 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: EX.D ( ) Delete
Name: EKNO, TIMOTHY J
Address: 4121 RICE STREET #302
City-St-Zip: LIHUE, HI 96766

Title: DIR. ( ) Delete
Name: OTAVIANI, TIMOTHY
Address: 70 ENCANTO AVENUE
City-St-Zip: SAN FRANCISCO, CA 94115

Title: TD ( ) Delete
Name: RICHARD, RHODES
Address: 2576 STONEY HILL ROAD
City-St-Zip: MEDINA, OH 44256

Title: DIR. ( ) Delete
Name: SHANNON, BLOWER
Address: 2576 STONEY HILL ROAD
City-St-Zip: MEDINA, OH 44256

Title: SD ( ) Delete
Name: EKNO, VANESSA
Address: 4121 RICE STREET #302
City-St-Zip: LIHUE, HI 96766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EX.D (X) Change ( ) Addition
Name: EKNO, TIMOTHY J
Address: PO BOX 3363
City-St-Zip: LIHUE, HI 96766

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

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

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

Title: SD (X) Change ( ) Addition
Name: EKNO, VANESSA
Address: 42257 HIDEAWAY ST.
City-St-Zip: INDIO, CA 92203

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: TIM J EKNO EDIR 01/08/2009

Electronic Signature of Signing Officer or Director — Date