

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N99000004506

1. Entity Name
EDUCATORS OF NATURE, INC.



Principal Place of Business
7910 N. UNIVERSITY DR.
TAMARAC, FL 33321

Mailing Address
7921 NW 71 AVE
TAMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

FILED
Apr 10, 2006 08:00 AM
Secretary of State



03312006 No Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, ROBERT M
8181 W. BROWARD BLVD., 300
PLANTATION, FL 33324

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

U00000501047
04/25/06-80046-005 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROSIN, SHELDON
STREET ADDRESS 7921 NW 71 AVE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME COSTANZO, THERESA
STREET ADDRESS 7921 NW 71 AVE
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME BERNER, ERIC
STREET ADDRESS 7910 N. UNIVERSITY DR.
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Theresa Costanzo* Theresa Costanzo, 4-5-06 954-722-7717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #